00

3.1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11203 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 392

o. COUNTY Washington	MARYLAND	o. STATE Penn		b. COUNTY	York	iore doministron)
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Rural R#60 Hagerstown	ngth of stay in 16	c. CITY OR TOWN (IF	outside corporate l	imits, write RU	JRAL and give n	nearest town) V
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, None	give street address)	d. STREET ADDRESS R # 1				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) John Albert Andre	Middle w Amsbaugh	Last	4. DATE OF DEATH	Month Oct.	20 Day	Year 1957
5. SEX Male 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED X	NEVER MARRIED 8.	June 11,1895	last b		FUNDER TYEAR Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Molder Foundry & Chain	CO .	Penna	or foreign country)		12. CITIZEN O	F WHAT COUNTRY
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN N Unknown				
AND AN ADVISION OF A SIGN OF THE CONTRACTOR OF T	L SECURITY NO. 17. IN -01-6242	FORMANT Mrs. Pauli	ne E. Bon	Address abell-	1601 Va	Ave stown, Md
Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause tost. DUE TO DUE TO Couse fost.	losed fractu	ceration acro			NIN PART 1(a)	9. WAS AUTOPSY PERFORMED?
PRIMARY X or CONTRIBUTING Head-on	INJURY OCCURRED. (E	nter noture of injury in Part	l or Part II of item	18.}		YES ANO
	OCCURRED 20e. PLA	CE OF INJURY (Home, farm bry, street, office bldg., etc. ighway	Rural		(County) town Was	sh Md
21. I certify that I taak charge of the remaindent resulted fram: Natural causes , ACTUAL SIGNATURE EXAMINER'S S. Robert We NAME (Type)	Accident 4. Sui	ve, held an Autopsycide, Hamicide, Hamicide, CHIEF MEDICAL EX ASSISTANT MEDICAL DEPUTY MEDICAL I	AL EXAMINER		use 🔲.	DATE SIGNED
BEMOVAL (Specify) 10/23/57 &	NAME OF CEMETERY OR RECORDING COLLING ADDRESS	tem.	22d. LOCATION (C) Level BY REGISTRAR 23,195	k,	COUNTY) RAR'S SIGNATURE SAFELE	(State) RE

VS. A15ME(5) 5M 9/55

ar remaval

BUREAU V. R.

OCT 28 1957

BECEINED

24a. REC'D BY REGISTRAR

246. REGISTRAR'S SIGNATURE

	11103		CERTI	FICA	LIE OF I	DEATH			Reg. Dist.	No.	302
1. PLACE OF DEATH a. COUNTY	ASHINGTON		MARY	LAND	2. USUAL RESI	MATYI		ved. If institut b. COUNTY	WASHI	NG TO	mission))N
b. CITY OR TOWN RURAL and give	I (If outside corporate limits, ERSTOWN	write	10 YR			GERS		e limits, write l	RURAL and giv	e nearest t	own)
d. HAME OF HOS OR INSTITUTION WADHI	NGTON COUNT		OSPITAL		d. STREET		TIETA	M ST.		OI	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	ETHEL First		LORRAII	NE	BAKE		4. DATE OF DEATH	OCT		Day #	Year 19 57
5. SEX FEMALE	WHITE	VIDOWED		0 13	B. DATE OF BIRT	1/1913	3	AGE (In years last birthday) yrs	Months D	ays Hou	
during most of w	TION (Give kind of work do rorking life, even if retired) RESS			R INDUS	N	ARYL	AND	try)		J. S. A	HAT COUNTRY?
13. FATHER'S NAME WILLA	M BAKER				14. MOTHER'S		REED			e la maria	
15. WAS DECEASEDE	VER IN U. S. ARMED FORCE (If yes, give wor or dates of servi		61-38-63		MRS. C	TTIE	CRILL	EY	HAGERS N	STOWN AD.	
	DEATH [Enter only one cause DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e per line	A A A	امعد	nar	C	dolla	st.		INTERVAL ONSET A	L BETWEEN
Conditions, if gove rise to cause (a), statir lying cause los	ng the <u>under-</u>		Cera	PL	1	Vos.	Cia C	cid	int	3	has!
	OTHER SIGNIFICANT CONDI	TIONS CO	NTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE C	ONDITION GI	VEN IN PART 1	PE	AS AUTOPSY REFORMED?
	WAS UNDERLYING 20 NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	Ob. DESCR	IBE HOW INJURY O	CCURRE	Enter noture o	of injury in P	ort t or Port II	of item 18.)			
20c. TIME OF INJ	m. 10	20d. INJ While at work	URY OCCURRED Not while at work	20e. PLA	ACE OF INJURY tory, street, offic	(Home, form, te bldg., etc.)	20f. (City or	town)	(Co	unty)	(Stote)
	that I attended the d	leceased		1-5							he deceased
ACTUAL SIGNATURE	Louis	D.	Line and that	death	occurred at			t, city or town	1	NO-	DATE SIGNED
PHYSICIAN'S NAME (Type)	Louis	6	· GRA	在	F-M	0.	H	ay e	M	M	W/C
220. BURIAL, CREMAT	100, 226. DATE THEREOF 10/9/57	,	22c. NAME OF CEMI GREEN		CEM.			N (City, town, LEY S			Stote) W. VA.
23. FUNERAL DIRECTO	OR'S SIGNATURE		ADDRESS			240. REC'E	BY REGISTRA	R 24b. REG	ISTRAR'S SIGN	VATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 10 VS A1S (4) 1SM 9/5S

23. FUNERAL DIRECTOR'S SIGNATURE

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplete should be detached for use as the burial-transit permit. Then please remove carbon papers. gistrar priar to burial, crematian, ar removal, and in any event within 72 haurs after death.

may be retained by the haspital ar attending physician

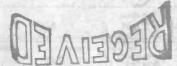
d in by the funeral director

CERTIFICATE OF DEATH

WOULDER SET OF THE SET

BUREAU V. S.

C 1991 01 130 7



W_A

J.Child

CERTIFICATE OF DEATH

Reg. Dist. No.

11175

900		ecto	E W	
		- q	E e	
De		Derd	þe	
0		e fu	ould	
2 01		y th	2 sh	
מפני		in b	puc	
44		7	5	
Cic		X	0	
¥		lete	.s.	
COTE		omp	aper	ţ.
exe		o pu	d uc	deo
00		D uc	arbo	Atter
000		Sicio	ve c	Jrs 9
errir.		ph)	emo	Po Po
U U		ding	ose r	in 7
90		tten	ple	with
Ine		he o	hen	ent
1001		by t	1	y ev
res		ned	ermi	no n
edo	'n.	Sign	sit p	i pu
30	sicio	beer	tran	0,0
9	(hd	has	riol	nove
Ë	ding	ote	e bu	r ref
3	tten	tific	s the	0,0
27	0	s cer	Se o	otio
5	oito	r thi	for a	Crem
Ž	hosp	Affe	peu	iol.
2	the	DR:	stock	bur
7	by	ECT	e de	or to
Š	ined	DIR	d bi	pric
Z	reto	SAL	shou	stror
200	be	1		regi
Ž.	may	5 TO FINE RAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely in by the funeral directo	bd	the
-		7		,
1	SN	9/	55)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

(M	1. PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. Md. Washington
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Hagerstown R.F.D. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) 3 Hagerstown
90	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Gateway Nursing Home	d. STREET ADDRESS 1208 Pope Ave., 1208 Pope Ave.,
	3. NAME OF First Middle DECEASED (Type or print) Weltv	Baker Sr. January Baker Sr. January Baker Sr. January Baker
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED male white WIDOWED DIVORCED	B. DATE OF BIRTH Nov. 23, 1877 9. AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
I)	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) retired Tohn Baker 10b. KIND OF BUSINESS OR INDUFT Purnace Tender	L
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. (19. no. or unknown) [1] (If yes, give wor or dates of service)	elty Baker Jr. Hagerstown, Md.
0	gave rise to immediate cause (a), stoting the <u>under-lying couse lost.</u> DUE TO (c)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
1	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while at work 19 at work 19 at work 21. 1 certify that I attended the deceased from,	LACE OF INJURY IHame, farm, 20f. (City or town) (County) (State) intory, street, affice bidg., etc.) LACE OF INJURY IHame, farm, 20f. (City or town) (County) (State) intory, street, affice bidg., etc.) LACE OF INJURY IHame, farm, 20f. (City or town) (County) (State) intory, street, affice bidg., etc.) LACE OF INJURY IHame, farm, 20f. (City or town) (County) (State) (State) LACE OF INJURY IHame, farm, 20f. (City or town) (County) (State)
P	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 10-22-57 Manor	OR CREMATORY 22d. LOCATION (City, town, or county) (State) Tilghmanton Md.
P	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred W. Kraiss Hagerstown, Md.	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE Oct-25-37 Lerroy M. forkly

	HTABORO BO	CERTIFICA	
made ramed VH 20			
	ine defections		The State of the S
	A PROF BORE LAW		and and the same
- 10 O.	Calcar Co.		de la constant
10 H	(M. 23, 150)	DONE THE	or inv
	.br .ou .tinat	rebes cornani	borized
	Epolitica.		profest unto
SBH compression	dames Lev laker Jr. Bu	1 10 Sec 10 Long 1 10 10 10 10 10 10 10 10 10 10 10 10 1	
	The great series		
BUREAU Y			
901 30 192			and the second
		Honor	7-0-0 1000
		and the second	stati estati o mare

10

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Dr.E.W. Ditto, Jr. 1116 (CERTIFICATE OF DEATH

Rea. Dist. No.

11176

1. PLACE OF DEATH o. COUNTY	ashington		MARY		USUAL RESIDENCE	(Where deceasedryland	d lived. If instituti b. COUNTY		before odmission)
	(If outside corporate limits,	write c	LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside corpo	rote limits, write R	URAL and give	nearest town)
Hager			30 vrs	. 6	Has	gersto	vn		
	ITAL (If not in hospital, give	street ode	dress)		d. STREET ADDRESS				e. IS RESIDENCE
OK INSTITUTION	870 Frede	rick	k St.		/ 870	Frede:	rick St	•	YES NO NO
3. NAME OF DECEASED (Type or print)	WILLIAM		ARTHUR		BARBER	4. DATE OF DEATH	Mon Octo	ober	Doy Yeor 22 19 57
5. SEX Male	6. COLOR OR RACE 7 White w	· MARRIED	-		DATE OF BIRTH	1885	9. AGE (In years plast birthday) yrs.	Months Do	YEAR IF UNDER 24 HRS. The Hours Min.
during most of wo	ION (Give kind of work dor rking life, even if retired) TENCE	ne 10b. KII	ND OF BUSINESS O	R INDUSTR			ountry)		USA
13. FATHER'S NAME					14 MOTHER'S MAIDE	N NAME			
	Thomas H.					Flo:	rentine	Arth	nur
15. WAS DECEASEDEV	ER IN U. S. ARMED FORCE Ilf yes, give wor or dates of servi	ce1	-16-3638			ine Par	Add		to the St
					. FIOTER C.	ine da.	rber-el		derick St.
	ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line	for (o), (b), and (c).	/	Heran	asci	7		ONSET AND DEATH
Conditions, if gove rise to couse (o), stoting lying couse lost	immediate DUE TO	K	iterios	clew	tri hea	of d	lis ear c		10 yu
PART II. OT	THER SIGNIFICANT CONDIT							'EN IN PART I((a) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING 20 G CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCR!	BE HOW INJURY OF	CURRED. (Enter noture of injury	in Port I or Por	t 11 of item 18.)		
20c. TIME OF INJU Hour o. m. p. m.		While _	Not while of work	20e. PLACE foctor	OF INJURY (Home, I y, street, office bldg.,	form, 20f. (City etc.)	or town)	(Cou	nty) (Stote)
21. I certify to olive on	hat I attended the d	eceased 19 S				M, from		ond on the	t saw the deceased dote stated above DATE SIGNE
220. BURIAL, CREMATIC REMOVAL (Specify BUTIA)			Rose H		REMATORY Cemetery	1	TION (City, fown, or CETS TOWN)		(Stote) Yland
23. FUNERAL DIRECTO			ADDRESS				RAR 245 REGI		· · · · · · · · · · · · · · · · · · ·
Andrew	noffwan '	U- ~-		Man	Jana By	+75/10	57 66	2.146.	BOULDES

ATASIG RO STADRITGED RESERVED TO SEE OR DEATH

OCT 28 1957



ony

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

nendrasiferoman a fatti GI T WAS DEARTHER. Catchill avenue in a little winds in a part of little and in to THE STATE OF THE S Figure to the telephone BUREAU V. S.

11178

11900 CERTIFICATE OF DEATH

L	Dr.Br	ewer	112	US CERTI	IFICA	ATE OF DEAT	Н		Reg. D	ist. No.	30)2
)[. PLACE OF DEATH	ashington	a	MAR	YLAND	2. USUAL RESIDENCE (V	Where decease	b COUNT		shi:		
	b. CITY OR TOWN (III RURAL and give ne	autside carporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (II	f outside corp	orate limits, write	RURAL ond	give nec	rest town	1)
1	Hagerst	own-RFD		6 mon	ths	X2 Clea	rspri	ng, Md	•			
		AL (If not in haspital, g				d. STREET ADDRESS					e. IS RES	IDENCE FARM?
	Gateway	Convale	scen	t Home		Main	Stre	et				NO 🌠
3	NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE OF		onth	Da	γ .	Year
	(Type or print)	MARTHA	-	ELIZABE'		BARTLE	DEATI	()()	tober			19 57
15	. SEX	MANN		RIED NEVER MARRI	_	8. DATE OF BIRTH	0.00	9. AGE (In year last birthday	Months		Hours	ER 24 HRS,
1	Female	White	WIDOW			Aug. 20,1		02 /	3.			
1	during most of work House	ing life, even if retired		Own Home	טעאו אכ	Clearsp				USA	F WHAT	COUNTRY
1	3 FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	Teles (Mouse				Mary	Ba-	AR.	- 69			
	S. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17. 1	NFORMANT			ddress	a. 1		
	No		-	None	Er	nest L. Bar	tle-2	341 Mea	ly Pl	cwy.		
		TH [Enter only one co	use per li	ne for (a) (b), and (c)	1 1	0 +1	110-	X-O		INTE	RVAL BE	TWEEN DEATH
1		TH WAS CAUSED BY: IMMEDIATE CAUSE (o	1_1	reno	100	levolec	/Tea	NO	ta_		54	20,
1	4.20.0	DUE TO									0	
	Conditions, if ar	nmediate	,									
1	couse (o), stoting (
		FR SIGNIFICANT CON	DITIONS (ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TER	MINAL DISEA	SE CONDITION O	IVEN IN PA	PT 1/01 1	o WAS	ALITOPSY
7	PART 11. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	er stortillezitt cort		EGIATRIBOTINO TO DE		THO TREATED TO THE TEXT	MINAL DISEA	se continue	AVEN IN TA		PERFO	RMED?
Crasic	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRE	D. (Enter noture of injury in	n Part 1 ar Pa	ort II of item 1B.)				
200	20c. TIME OF INJURY Haur o. m.		or 20d. I	NJURY OCCURRED Not while	20e. PL	ACE OF INJURY (Hame, far stary, street, office bldg., e	rm. 20f. (Ci	ty ar tawn)		(County)		(State)
1	p. m.	19		k of work								
	21. I certify the	at lattended the	deceas	1		1952 to 1		151, 195				
	alive on C	1-17-1	, 19	2 / and that	death	accurred at 615				the da	te state	ed abave.
	ACTUAL	11-110	D.	111-0		PODO	ADDRESS	Street, city or taw	n, state)	/	101	TE SIGNED
	SIGNATURE	NEG	DU	ewer		M.D. CEER	N	gung	1109		14	19/5
	PHYSICIAN'S NAME (Type)	revid ?	7.7	Brew	(e)	- Clea	55	PYIT	70	/	Md	
2	20. BURIAL, CREMATION	N, 226. DATE THEREC	F	22c. NAME OF CEM				TION (City, town		(A)	(State	e)
	Burial	10-16-	57	St. Mic	hael	s Cath. Ce	me(Clearsp	ring	Md	•	
2	3. FUNERAL DIRECTOR'S			ADDRESS		24a. RE	C'D BY REGIS	TRAR 24b. REC	GISTRAT'S S	IGNATUR	19/	
	Andrew K.	Coffman	*Hag	erstown.	Man	vland of	117	195/	hee	M	Jac	vers

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely din by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Por and 2 should be filed with the sister prior to burial, cremation, or removal, and in any event within 72 haurs—ter death. VS A15 (4) 1SM 9/SS

W

90

HYARO TO STADRITHON CHRISTIANS

BUREAU K. E.

UCL 12 1957

BECEINED

	0	7	. 0	band.	1	Silas	Spinste.		
Supers	300	Dub	4	2000	2	2	A.	-	
Jih.						-	1	Z	1
							la la	1	-

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

1	1	1	7	9
6	\		~	

11207	CERTIFICA	ATE OF DEATH	Reg. Di	st. No. 303
1. PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Where do a. STATE MARYLANI	b. COUNTY WASH	ice befare admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) CLEAR SPRING	c. LENGTH OF STAY IN 16 I2 YEARS	c. CITY OR TOWN (IF autside X2 CLEAR SPI	corporate limits, write RURAL and RING	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give stree	t address)	d. STREET ADDRESS 105 CUMBERL	AND ST.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) GRANVILLE	Middle N. Br	ATTENT TIME?	PATE Month OF IO	Doy Yeor 19 57
5. SEX 6. COLOR OR RACE WHITE WIDOV		AUG. I7, I898	9. AGE (In years lost birthday) yrs. Manths	Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired) MERCHANT	VARIETY SYORE	MARYLAND	eign country) 12. Cli	U.S.A.
NELSON BAUBLITZ		14. MOTHER'S MAIDEN NAME ARY MORAN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Ves, no. or unknown) (II yes, give wor or dates of service)		RS. MARY L. B.	AUBLITZ Address CLF	EAR SPRING, MD.
1B. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line far (a), (b), and (c).] VENTRICULAR FI	BRILLATION		INTERVAL BETWEEN ONSET AND DEATH 5 MINUTES
Canalitions, if ony, which	CORONARY ARTERY	OCCLUSION WITH	MYOCAROIAL INFAR	CTION 2 HOURS
gave rise to immediate cause (a), stoting the <u>under-lying cause last.</u> Columniation (c)	CORONARY ARTE	RY ATHEROSCLEROS	515	3 YEARS
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PAR	PERFORMED?
	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I	ar Part II af item 18.)	
Haur a.m. Whil		ACE OF INJURY (Hame, farm, 20 ctary, street, affice bldg., etc.)	f. (City ar tawn) (Caunty) (State)
8.01		occurred at 10-45R	OBER 15., 19.57., that I Mam the causes and an t ESS (Street, city ar tawn, state)	
PHYSICIAN'S ARCHIE ROBER	T COHEN, M.D.	M.DCLEAR SPR	ING, MARYLANO	OCTOBER 16, 19
22°G. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 10/18/57	22c. NAME OF CEMETERY O ST. PAULS		WASHINGTON CO.	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY	REGISTRAR 245. REGISTRAR'S SI	GNATURE IN 4

VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH

THE LA CONTROL OF TAXABLE VIOLENCE OF THE PROPERTY OF THE PROP

AVERAGE STREET, DESCRIPTION OF THE PROPERTY OF

20807

THE RESERVE THE THE PROPERTY OF THE PROPERTY OF A

BUREAU V. E.

1961 IZ 10c

DECENTED

PHYSICIAN'S NAME (Type)

Rurial

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Address Hagerstown Md., #5 INTERVAL BETWEEN ONSET AND DEATH - 2 day PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO (County) (Stote) 28 OCT, 1957, that I last saw the deceased , and that death occurred at 1:2AM, from the causes and on the date stated above. 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Green Hill Waynesboro. Franklin Pa. ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE ON A FARM? YES NO

Year

19

57

Day

U.S.A.

12. CITIZEN OF WHAT COUNTRY

			PRISE N. CHELLAS
Osmi, neverse subject	Thursday		
TO COMP			A POST OF THE PARTY OF THE PART
AND STREET			ot sy. (As in year), and other?
	All to the		
	the second contract of the second		sont all this and the street of
BUREAU V.	CHOIL STATE OF THE		No. No St. Line
72901 2 VON			57,77
7	acrons	de allegado de sectorar-	Total State of the last of the
14151051	contraction of		NUMBER SECTIONS AND WAR

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11209 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11181

Reg. Dist. No. 302

1. PLACE OF DEATH o. COUNTY Washington MARYLAND	o. STATE Maryland Maryland Maryland Maryland Maryland
b. CITY OR TOWN (It outside corporate limits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ond give nearest town) Funkstown Legion Home	03 Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. 15 RESIDENCE
	307 Radcliff Avenue ON A FARM?
3. NAME OF First Middle	
DECEASED	ennight Sr. DATE Month Dry Year OF 19 57
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	
	lost birthday) Months Days Hours Min.
Male White WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST	1-110 - 1918 39 yrs. 9 0
during most of working life, even if retired)	
Blueprint Supervisor Fairchild Aircraf	
13. FAIRER 5 NAME	14. MOTHER'S MAIDEN NAME
Tollie T. Bennight	Dean Johnston
(Yes, no, or unknown) (If yes, give wor or dates of service)	NFORMANT Address
no 444-12-8672 м	rs. Wm. G. E. Bennight Hagerstown, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute core	onary thrombosis
420. / DUE TO edvanced ante	riosclerotic coronary heart disease
Conditions, it any, which (b)	rioscierotic coronary neart disease
gove rise to immediate cause (i.e., stating the underlying DUE TO	
cause lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
None	PERFORMED?
120g. EXTERNAL CAUSE WAS 20h DESCRIBE HOW INTERPLY OCCUPATED (F.	nter nature of injury in Part I or Part II of item 18.)
110110	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, 120f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC Hour o. m. none 19 at work of work	none
21. I certify that I took charge of the remoins described above	
death resolved from: National causes [A], Accident [], Suite	cide, Homicide, Undetermined cause
ACTUAL & Based 4000	DATE SIGNED
SIGNATURE OF TOTAL	_M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S NAME (Type) S. Robert Wells, M.D.	ASSISTANT MEDICAL EXAMINER DOCT. 19157
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, tawn, or county) (State)
Burial 10-22-1957 Rose Hill Cem	netery Hagerstown, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE Suter-Rouzer Fyneral Home Hagerstown	24g. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
1. Lanklin Parger	Marchinal Almand Losses

BUREAU V. E.

OCT 28 1957

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DE SECURITA S-ATLASH TO THE	BATTANGOU BYATE ON ALYRA	M-STATE AND DESCRIPTION OF THE PARTY OF THE
The state of the s	asoma notice	Colors V
i i i i i i i i i i i i i i i i i i i	PRINTED TO	1/2 cone s
a to an antentent of		Jeeff Jopposi
r v fo Lagrand Apos V Lagrand V Toller.	ICULOUS VIDES	
Then County Wedge L'Ult. C. 1	erop onners lore	: ainina
Tourism Control		op Williams Prop
BUREAU V. S.		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

(Stote)

DATE SIGNED

10-20-57

(State)

Maryland

Day

YES X NO

Year

19 5

	Manager of the				
10 (1)					
	1969 1				
APPER A. AS	The Parties I May 1		David	Tron:	bog stead
		DE-		111	
				All the second	
	The state of the s		200 mig 3 mg 0		
	whose a state			DESTRUCT . S	bivat
		THAT			
	STREET,	2.50			0.1
			C	S	
				e gal	
JREAU V.					The state of the s
					In a firm of the control of the cont
OCT 29 1957	18				Transition of the state of the
NEEAU V.			90		I vitres is a constant of the

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. 11165 CER

CERTIFICATE OF DEATH

11184 Reg. Dist. No. 302

	LACE OF DEATH COUNTY Wash	ington		MARYLA	- 11	2. USUAL RESIDENCE (W o. STATE Maryla		d lived. If institution b. COUNTY	Washi		
b	RURAL ond give ne	outside corporate limit	ls, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF	outside corpo	rote limits, write RU	RAL and give	nearest to	own)
	Hagerst	•		2 years		03 Hage	erstown	n			
(OR INSTITUTION	AL (If not in hospitol, g	ive street	oddress)		d. street ADDRESS / 333 Bryan	Place			10	RESIDENCE N A FARM?
	NAME OF DECEASED Type or print)	EMMA	st	Middle	BR	Lost	4. DATE OF DEATH	October		Day	Yeor 19 57
5. 5	Female	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED ED DIVORCED		November 13	,1873	4 . 1 . 1 . 1	Months De		
	Seamstres	ing life, even if retired		KIND OF BUSINESS OR	INDUST	Hagersto	wn, Md			S.A.	AT COUNTR
3. 1	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	Joh	n Brill				Anna Su	ter				79.5
		IN U. S. ARMED FOR		SOCIAL SECURITY NO.		ORMANT		Addre	33		
	no			214-09-4818	Mr	s. Harold F	uller	Hagers	stown,	Mary	land
CERTIFICATION	20a. ACCIDENT WA) (c)		CONTRIBUTING TO DEATH	-				N IN PART 1(PE	AS AUTOPS
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Yec	While at wor	Not while	e. PLAC focto	E OF INJURY (Home, farr ry, street, affice bldg., etc	n, 20f. (City	or town)	(Cou	nty)	(Stote
	alive an O	ouis	deceas , 192	3.0	eath o	nccurred at		/			
220.	BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREO	57	22c. NAME OF CEMETE Rose Hill				TION (City, town, or erstown, A			itote)
235	FUNERAL DIRECTOR	SIGNATURE Funeral	Home	ADDRESS Hagerstown,	Md		D BY REGIST	TRAR 24b, REGIST	PAR'S SIGN	Boc	ves

232 John S. T. CACHERTON TOWN Indicant, pareduced a limited to the land, the BUREAU V. Z. JCT 28 1957 . Ni . me a sugar wolf fee all 1 1 1 1 1 1 2 2

be filed with erol pluods within death. puc corbon ofter physician certificate move 72 guipa vithin ā ō that p E . any signed per buriol-transit os the DIRECTOR: shoule 0 VS A15 (4)

15M 9/55

. o. maring the most actual . 1 00000

. 1961 31 Aut. W

BUREAU V. S.

M

00

I

2

2

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 the valid be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may to take for your files.

10 ERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, and estimated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

10 11 VS. A15ME 5M 2/57

MARYIAND STATE DEPARTMENT OF HEALTH_RAITIMODE 18 1

	3442	THE DELAMINET OF TEACH	LIIMORL,	10
121	2	MEDICAL EXAMINER'S CERTIFICATE OF	DEATH	Reg. Dist. No. 18

111	636			Re	eg. Dist. No. LO()
1. PLACE OF DEATH 6. COUNTY	Washington	MARYLAND	2. USUAŁ RESIDENCE (WHO o. STATE Md.	here deceased lived. If institution: b. COUNTY	
b. CITY OR TOWN (If and give negrest town)	autside corporate fimits, write RURA	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits, write RURA	AL and give neorest town)
Near Cav		12 hrs	Smithsbu	irg xo	
d. NAME OF HOSPITA	AL OR INSTITUTION (If not	in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
Stone Qu	arry		68 W. Wa	ter St.	YES NO
3. NAME OF DECEASED (Type or print)	Ronald	Middle Terr v	Cowan	4. DATE Month OF DEATH OCt. 1	Day Year 1957
5. SEX			DATE OF BIRTH	9. AGE (In years IF U	NDER TYEAR IF UNDER 24 HRS.
male	aula d de a		January 25,	lost hirthday)	nths Doys Hours Min.
during most of working	g lite, even if refired)	10b. KIND OF BUSINESS OR INDUST aircraft ind.		or foreign country)	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA		
	Earl O. Cow	an	A	nn Catherine	Spessard
15. WAS DECEASED EVE (Yes, no. or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or doles of service) Active-1957	024 00 0004		n, Smithsburg	, Md.
18. CAUSE OF DEAT	TH [Enter only one cause pe	r line for (o), (b), and (c).]			INTERVAL BETWEEN
PART 1. DEAT	H WAS CAUSED BY:	Fracture	ed Skull (ope	m)	ONSET AND DEATH
978X	DUE TO	riacoul	en prair tobe	1117	T) mrii.
Conditions, if or	an authority				
gave rise to immed	liate couse				
(a), stating the u	(c)				
PART II. OTH	ier significant conditio None	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	al disease condition given in	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES X NO
	SE WAS TRIBUTING [] 20b. DE	Jumped about 100			
20c. TIME OF INJUR	RY Month, Doy, Year	20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
9:45 p. m.	Oct . 1319 57	White at work I St	one Quarry	Rural Smithsb	urg, Wash Md
21. I certify th	ot I took charge of	the remains described abo	ve, held on Autopsy	X. Inspection X. In	quiry [], ond in my
		ral causes [], Accident [ned manner
ACTUAL SIGNATURE	8. Police	> heeles			DATE SIGNED
EXAMINER'S NAME (Type)	S. Robert We	ells, M.D.	ASSISTANT MEDICAL DEPUTY MEDICAL EX		10-15-57
220. BURIAL, CREMATIO		22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, Iown, or cou	inty) (Slote)
burial (Specify)		Smithsburg	Cemetery	Smithsburg. M	ld.
23. FUNERAL DIRECTOR		ADDRESS	24a. REC'D	BY REGISTRAR 246. REGISTRAR	& SI NATURE
Scott F.	Minnich &	Son, Smithsbur	g, Md parent	8 57 Allhean	ieh

MEDICAL EXAMINETS CERTIFICATE OF DEPOTE

A STREET OF THE S

BUREAU V. E.

OCT 18 1957

BEGEINE

A CONTRACTOR OF THE PARTY OF TH

smarter to the contract of the

Seder T. Mindocys on, weith bours, it.

VS A1S (4) 15M 9/SS M

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18

. 11167

CERTIFICATE OF DEATH

Reg. Dist. No. 11187

o. COUNTY Washington	MARYLAND	o. STATE Mary	- h con	NITY	hington
	LENGTH OF STAY IN 16 50 yrs.		utside corporote limits, wr rstown		
d. NAME OF HOSPITAL (If not in hospital, give street odd OR INSTITUTION 12 Randolph Av		d. STREET ADDRESS	ndolph Ave	•	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ANNIE LYDI	Middle A	DAVIS	4. DATE OF DEATH OG T	Month	Day Year 8 19 57
5. SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED	NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In your last birthdo	,	EAR IF UNDER 24 HRS. bys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife O		VSTRY 11. BIRTHPLACE (Stole Keedysvi)	or foreign country)	o. US	N OF WHAT COUNTRY
Hiram Snyder		14. MOTHER'S MAIDEN N	da Gouff	land	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SO	-14-7014	J. Franklin		Address Randolp	h Av.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS C	cossil fai	IT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION	GIVEN IN PART 1	o) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURE	ED. (Enter nature of injury in F	Port I or Port II of item 18.)	X
20c. TIME OF INJURY Month, Day, Year 20d. INJU While of work	Not while f	LACE OF INJURY (Home, farm, actory, street, affice bldg., etc.		(Cau	nty) (State)
21. I certify that I attended the deceased alive on S. D	1	1947, to 1 h occurred at 1:151 M.D. 231NF Haycr	M, from the cause ADDRESS (Street, city or to The first that I	es and on the	t saw the decease date stated above DATE SIGNE / FOGS
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL [Specify] BUI181 10-21-57 23. FUNERAL DIRECTOR'S SIGNATURE	Rose Hill ADDRESS	Cemetery	22d. LOCATION (City. 10 Hagers town D BY REGISTRAR 24b. F		(Stote)
Andrew K. Coffman-Hage		aryland DATE 2	3 1957	Chas. o	H. Bower

					20	
						65.8KA (a
	to a five cal minion	DE TOTAL OF THE PERSON	december 1884		921	
						10 SHAPE 4
					7.7	- Agray
	THE REAL PROPERTY.					
	4	ATTICION DE LA				
						-
		24387				
			T. 1974 III			
	DUP TENENCE					
						To tak
(Conservation)	ad					
STEPPENSON NO.	IIIa	Land Whomas				
A III						
La Valle	20					
53 7921					3 7	warning of
[20.				C (1) 44		rest teleplant
	10/4/6			/CINE (30-5)		
11/2/12/11	3/2/2		The second	85-4 (2-4)	1 5 10	
1113117111						
SEAU V.			CARAMERS, ES			

168	CERTIFICATE	OF
-----	-------------	----

E OF DEATH

11100

1100				Reg. Dist.	No. DOZ
• COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Vo. STATE	Where deceased lived. If instination b. COUN		before admission) hington
b. CITY OR TOWN (If outside corporate limits, write		c. CITY OR TOWN (I	f outside corporate limits, writ	e RURAL ond giv	e nearest town)
RURAL and give nearest town	Life	Hager	strown 1.	Je. 05	3
d. NAME OF HOSPITAL (If not in hospitol, give stre OR INSTITUTION Garlock Nursing Home	eet oddress)	d. STREET ADDRESS	formalia Arra	-/	e. ts RESTDENCE ON A FARM? YES NO ST
Garlock Nursing Home	Middle	118 W. 1	Magnolia Ave	Month	
DECEASED (Type or print) Harry	Edward	Davis	OF DEATH Octob		26 19 57
SEX 6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year lost birthdo	ors IF UNDER 1	YEAR IF UNDER 24 HRS.
Male White WIDO	OWED DIVORCED	Dec. 15. 3		yrs. Months D	Pays Hours Min.
o. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	30 E Rose 10 to 1, 5 to 1 to 5		te or foreign country)	12. CITIZ	EN OF WHAT COUNTR
Plasterer	Construction		erstown Md.		ALESS IFT
FATHER'S NAME		14. MOTHER'S MAIDEN			
	vis		7. Palmer		
(es. no. or unknown) If yes, give war or dates of service	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address	
0	M:	rs. C. R. I	Burger Hag	gerstow	n Md.
1B. CAUSE OF DEATH [Enter only one couse part	7 line for (o), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	veinom			are	my 3 m
799.9 DUE TO					
Conditions, if any, which) (b)					
gove rise to immediate OUE TO					
lying couse lost. (c)					
PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE CONDITION	GIVEN IN PART 1	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury i	n Port I or Port II of item 18.)		
Hour o. m. Wh	t-	LACE OF INJURY I Home, for actory, street, office bldg.,		(Co-	unty) (Stote)
p. m. 19 of v	work ot work				
21. I certify that I ottended the dece	eosed from 4/.5/	57, 19 to_	10/26/ 19	52., that I la	st saw the decease
olive on 10/25/5719	2, and that death	h occurred ot 6:30	AM, from the couse	s ond an the	dote stoted abay
*//			ADDRESS (Street, city or to	wn, stote)	DATE SIGNI
SIGNATURE DY DOC	2	M.D. 135 N.	Potomac Ha	ag. Md	. 10/26/
PHYSICIAN'S NAME (Type) Dr. David J.	Boyer				
		OR CREMATORY	In the second second		
20. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	JK CKEMATORT	22d. LOCATION (City, tow	rn, or county)	(Stote)
20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 10-28-57					(Stote)
PEMOVAL (Specify)		Cemeterv	Hagersto		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 t in by the funeral director, tond 2 should be filed with moy be reloined by the hospitol or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely page, should be detached for use as the burial-transit permit. Then please remove carbon papers. Page the registrar prior to burial, cremation, ar removal, and in any event within 72 hours ofter death. VS A1S (4) 1SM 9/55

1627 1957 1957

in by the funeral director, and 2 shauld be filed with

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11169 CERTIFICATE OF DEATH

	: 4.1.1							Keg. Dist. N	0.
1. PLACE OF DEATH o. COUNTY	ashington		MARYLA		USUAL RESIDENCE (Where deceased	d lived. If institution b. COUNTY	Washin	, ,
b. CITY OR TOWN (If RURAL and give new Hagers		s, write c.	LENGTH OF STAY IN	116	c. CITY OR JOWN (outside corpo		URAL and give n	eorest town)
d. NAME OF HOSPITA	on County				d. STREET ADDRESS 900 Pe	nnsylva	nia Ave.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	firs Mar		Middle	Ŋ	loss	4. DATE OF DEATH	Moni		Day Year
s. sex female	6. COLOR OR RACE white	7. MARRIED	NEVER MARRIED DIVORCED		arch 12, 1	.887	9. AGE (In years lost birthday) 70 yrs.	Months Days	R IF UNDER 24 HR Hours Min.
	N (Give kind of work d ng life, even if retired) ISEWITE	one 10b. KIN	n of Business or	INDUSTRY	11. BIRTHPLACE (SIG		ountry)		OF WHAT COUNT
13. FATHER'S NAME	SEWITE		HOME	14	. MOTHER'S MAIDER			1	15,073.6
	eistopher A					Fannie			
15. WAS DECEASED EVER (Yes, no. or unknown) 15. WAS DECEASED EVER	IN U. S. ARMED FORG I yes, give war or dates of se	rvice	one	M.H.	Dodson	Hagerst	Addr town, Md.	ess	
Conditions, if on gove rise to in couse (o), stoting t lying couse lost.	he under- DUE TO								
PART II. OTH PART II. OTH 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	ER SIGNIFICANT CONE	DITIONS CON	TRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TER	RMINAL DISEAS	E CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPS PERFORMED? YES NO
	CAUSE OF DEATH	20b. DESCRIB	E HOW INJURY OCC	URRED. (Er	ter nature of injury	in Part I or Por	t il af item 1B.)		
Y 20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yea	While of work	Not while	De. PLACE (foctory,	OF INJURY (Home, fo street, office bldg.,	erm, 20f. (City	or town)	(County	r) (Stat
alive on	of 1415	deceased	from Diff. and that defended	leath acc	wred at 9; 5.		n the causes a treet, city or town,	nd an the d	saw the decea ate stated abo DATE SIGN
PHYSICIAN'S NAME (Type)	N, 225. DATE THEREO	1 /2	c. NAME OF CEMET	ERY OR CR	EMATORY	22d. LOCA	HON (City, town, o	or county)	(Stote)
burial (Specify)	10-17-57		Rest Har	ven			agerstown		Md.
23. FUNERAL DIRECTOR'S		rstown	ADDRESS Md.		240. RE	T.17.19	S7 Cha	STRAR'S SIGNATION	ure Scere

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 way be retained by the hospital or attending physician.

Yet may be retained by the hospital or attending physician.

Yet may be retained by the hospital or attending physician and campletely seed that the property of shauld be detached for use as the burial-Iransit permit. Then please remave carbon papers. Postupe postuping the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

UCL SI 1957 A 1393 CERTIFICATE OF BEATH

Construction and the last of t

. Della Electronia (del electronia (della electronia)

Bright State of the same of th

CERTIFICATE OF DEATH

Reg. Dist. No.

305

-	Reg. Dist. No.
M)	1. PLACE OF DEATH o. COUNTY Washington Washington Washington Washington Washington O. STATE Waryland Washington
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
90	Boonsboro d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Reeder Nursing Home A. STREET ADDRESS ON FARMY ON A FARMY YES IN NOTE
	3. NAME OF DECEASED Company Comp
677	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male White Widowed Divorced U. 1001.1001 96 yrs.
ry	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miller Retired Beaver Creek—Wash.Co.Md. USA
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Philip R. Doub Cornelia Witmer
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO. 17. INFORMANT NO. 18. Berry Doub - Clearspring, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
	1490 X DUE TO
V	Conditions, if ony, which (b)
	gave rise to immediate couse (a), stating the under-lying cause last. (c)
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING COURTED. (Enter noture of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
V = 1	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
	21. I certify that I attended the deceased fram. Oct 17 , 1957, ta oct 3/ , 1957, that I last saw the deceased
	alive an 6.05.30, 1957 , and that death accurred at 3.P. M, from the causes and an the date stated above
	ACTUAL SIGNATURE SIGNATURE M.D. BUDGESS (Street, gity or town, state) ACTUAL SIGNATURE M.D. BUDGESS (Street, gity or town, state) 11/1/17
1	PHYSICIAN'S G. W. Lellan
	220. BURIAL, CREMATION, 22b. DATE THEREOF Lutheran Cemetery 22c. NAME OF CEMETERY OR CREMATORY Burial 22c. NAME OF CEMETERY OR CREMATORY Beaver Creek-Wash. Go. Md.
Q.	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
134	Andrew K Coffren He rengtown Manyland own a love Q A & B.

15M 9/55

HYASU TO STADISTID AND SERVED BUREAU V. E. 100 IS 1024 AIBDE

81

M

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
---	----

11191

		111	70	CERTI	ICA	TE OF DE	ATH	1		Reg. [Dist. No.	.3	02
	LACE OF DEATH	Washingto	n	MARYL	AND	2. USUAL RESIDEN a. STATE	ICE (Wh		lived. If instituti b. COUNTY		ence befo	re admiss	ion)
t	RURAL ond give r Hagers		nils, write	50 years	N 1b			utside corpor	rate limits, write R	URAL one	d give ned	rest town	1)
	NAME OF HOSPI OR INSTITUTION Washin	TAL (If not in hospitol, gton Cour	give street ty H	oddress) ospital		d. STREET ADD		it A	ve.				FARM?
1	NAME OF DECEASED Type or print)	Geor	ge B	ittle Middle	E	ntler		4. DATE OF DEATH	Mon	ct.	20 ^{Do}	'	Year 19 57
5. 5	male	white	WIDOW			March 2		1868	9. AGE (in years last birthday) yrs.	Manths Manths		Hours	Min.
10a	during most of wor	ON (Give kind of working life, even if retire	done 10b.	NIND OF BUSINESS OR					ountry) 1, W.Va		ITIZEN O	F WHAT	COUNTR
13.	FATHER'S NAME	John P. I	ntle	r		14. MOTHER'S MA	AIDEN N		anda Ha	wn			
15. (Yes	was DECEASED EVI	ER IN U. S. ARMED FO (If yes, give war or dates or	service)	SOCIAL SECURITY NO.	17. IN Mr	s. Irene	Но	ok, I	Hagerst		Md	•	
	PART 1. DE. 33/X Conditions, if a gove rise to a case (a), stating lying couse last.	ATH WAS CAUSED BY IMMEDIATE CAUSE DUE Tony, which immediate The under-	(c) (c)	Herein Accin	a, le	terios esi 7 1+ (5		eelir	e ce hue - c	rely	ons	ET AND	DEATH
CERTIFICATION	20a. ACCIDENT W. OR CONTRIBUTING	HER SIGNIFICANT CO LUC U AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER	Po as	CONTRIBUTING TO DEA	y f	restroph	n			EN IN PA	RT 1(0) 1	PERFO	AUTOPSY RMED? NO
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.		ear 20d. II While at war	_ Nat while _	PLA fact	CE OF INJURY (Homory, street, office bloomy	ne, farm, dg., etc.)	20f. (City	ar tawn)		(Caunty)	3	(State)
	21. I certify the olive on	lward	e deceas	Sitto Ta	death	accurred at A) 2/8 . We	M, from	reet, city ar town,	ind an state) <u>ree</u> i	the dat	e state	
b	BURIAL, CREMATIC REMOVAL Specify	TA-77-		22c. NAME OF CEMET		CREMATORY		22d. locat Shepl	ion (city, tawn, o herdsto	ar county)	5310	(State	e)

Scott F. Minnich & Son, Hagerstown, Md. offet 23.

VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH

coott . Limited a Son, Hagerstown, M. der et all and a distant

yne remed | Bookin C | 22-33-0.

BUREAU V. &

001 88 1957



M

00

21

or removal.

VS. A15ME(5)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
11171 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11192

Reg.	Dist.	No.	3	0	ス
	_,,,,,		_	-	-

o. COUNTY Washington	MARYLAND	a. STATE Maryland	ceased lived. If Institution: Reside	nce before admission) hington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Hagerstown	c. LENGTH OF STAY IN 16	4	carporate limits, write RURAL and	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	spital, give street address)	d. STREET ADDRESS 311 Jefferson		e, IS RESIDENCE ON A FARM?
311 Jefferson Street				YES NO
3. NAME OF First DECEASED (Type or print) Ben jami	in Franklin Fav	orite Lost 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	m October 14	Day Year 19 57
5. SEX Male 6. COLOR OR RACE 7. MARRII WIDOWE		June 23,1872	fort high-land	1YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b.) during most of working life, even if retired) Construction Foreman	KIND OF BUSINESS OR INDUSTR			USA
13. FATHER'S NAME Jack Favorite		14. MOTHER'S MAIDEN NAME Clara DeLo	sier	
(Ven no as unknown) to the use also was as dates of service)		ormant s. Mary F. Favor	Address rite- 311 Jeffer	son St-
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (a), (b), and (c).] Acute Cerebra	1 Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 hrs
Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause last.		state with meta		? 71 days
PART II, OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO N
		on the floor at		
A Hour XXXX. While	e _ Nat while O facta	E OF INJURY (Home, form, ry, street, affice bldg., etc.) t home		ash Md
21. I certify that I took charge of the	remains described above	re, held an Autapsy [],	Inspection K, Inquir	y , and find that
death resulted fram: Natural causes	Accident X , Suid	CHIEF MEDICAL EVALUATE		DATE SIGNED
EXAMINER'S S. Robert Well	ls, M.D.	ASSISTANT MEDICAL EXAMINE DEPUTY MEDICAL EXAMINE	INER	10-15-57
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 10-17-57	Rose Hill Ceme		CATION (City, town, or county) Hagerstown Wash	Oo. Md
23. FUNERAL DIRECTOR'S SIGNATURE Andrew K. Coffman	ADDRESS Hagerstown Md.	DART 17. 1	957 Chart.	Bowers

BECEIVED

The state of the s the state of the last a segment of the last send of the THE RESIDENCE OF THE PARTY OF T THE RESIDENCE OF A SALES OF THE SALES THE REPORT OF THE PROPERTY OF BUREAU V. E The state of the state of the state of UCL SI 1021

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 d in by the funeral director, i and 2 should be filed with may be retained by the haspital or attending physician. TO FLARERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely pay should be detached for use as the burial-transit permit. Then please remove carbon papers. Pot the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after degith.

M

8,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11172

CERTIFICATE OF DEATH

Reg. Dist. No. 302

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 12 hrs. 2ullinger J. AMAE OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington County Hospital NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington County Hospital NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington County Hospital NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington County Hospital NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington County Hospital NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington County Hospital NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington County Hospital NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington County Hospital NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington County Hospital NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington County Hospital NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR INSTITUTION OR FARM? YES IN OR OR OR OR FARM? YES IN OR O	1. PLACE OF DEATH				SIDENCE (Whe	re deceased	lived. If institutio	n: Residence b	efore odmi	ssion)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hagerstown d. NAME OF HOSPITAL (if not in hospital, give street oddress) Washington County Hospital 3. NAME OF DECEASED (Type or print) MARY VIRGINIA Middle Widdle Widdle Widdle VIRGINIA FINAFROCK Female White Widdle Widd	o. COUNTY	ashington	MARYLAN	o. STATE	Pennsy	lvania	b. COUNTY	Frankl	in	
d. STREET ADDRESS Washington County Hospital 3. NAME OF DECEASED (Type or print) MARY VIRGINTA S. SEX 6. COLOR OR RACE White Widowed DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED To. Washington October DEATH October 2. 1957 9. AGE (In years lost birthdoy) fost birthdoy) 68 yrs. Thousewife 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 13. FATHER'S NAME Jacob Knoll 14. MOTHER'S MAIDEN NAME Jacob Knoll 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If year, give wer or dote of service) NOOR NOOR AND THE WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED October 5, 1880 October 1, 18 UNDER 1 YEAR IF UNDER 24 HRS. Months Days Months Days Months Days Hours Min. 10. CITIZEN OF WHAT COUNTRYS U.S.A. 11. MOTHER'S MAIDEN NAME Julia Keefer 14. MOTHER'S MAIDEN NAME Julia Keefer INTERVAL BETWEEN ONSET AND DEATH OCTOBER OC	b. CITY OR TOWN (If outside corporate limits, write		ib c. CITY OF				RAL and give	nearest to	vn)
Name of Deceased (Type or print) MARY VIRGINIA FINAFROCK Death October 2 1957	Hagers	town	12 hrs.	2	Julling	er	75x.	- 3		
Name of Deceased (Type or print) MARY VIRGINIA FINAFROCK Death October O	d. NAME OF HOSPIT	TAL (If not in hospital, give street	t oddress)	d. STREET	ADDRESS					
3. NAME OF DECEASED (Type or print) MARY VIRGINTA FINAFROCK S. SEX 6. COLOR OR RACE White WIDOWED DIVORCED DIVORCED October 9. AGE (In years lost birthdoy) 68 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 13. FATHER'S NAME Jacob Knoll 15. WAS DECEASED EVER IN U. S. ARMED FORCES? TO 16. SOCIAL SECURITY NO. 17. INFORMANT Knoll Finafrock No. Interval Between Onset and Death PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 1957 S. DATE Month Day Yeor PART I. DEATH Month Day Yeor Day Yeor Death October 9. AGE (In years lost line Under 24 HBS. Months Days HOUSE 21957 1957 1958 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) INTERVAL BETWEEN ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH OCTOBER 9. AGE (In years lost Whom In Under 24 HBS. Month Day Yeor Death October 9. AGE (In years lost Whom In Under 24 HBS. Month Day Yeor DEATH October 9. AGE (In years lost IF UNDER 14 HBS. Months Days HOUSE 24 HBS. Min. 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRYS 12. CITIZEN OF WHAT COUNTRYS The Was caused By: INTERVAL BETWEEN ONSET AND DEATH	Washin	oton County Hos	enital		20.00					
Composition										
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED OCTOBER 5, 1880 9. AGE (In years lost birthdoy) 68 yrs. 10 OCTOBER 5, 1880 11 OCTOBER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 11 OCTOBER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 11 OCTOBER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 11 OCTOBER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 12 CITIZEN OF WHAT COUNTRY? IN MOTHER'S MAIDEN NAME JUIA KEEFER 14 MOTHER'S MAIDEN NAME JUIA KEEFER 15 UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 17 INFORMANT Address IN MOTHER'S MAIDEN NAME INTERVAL BETWEEN ONSET AND DEATH	DECEASED					OF			Day	
Female White WIDOWED DIVORCED October 5, 1880 68 yrs. 11 27 Min. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Franklin Co., Penn. 12. CITIZEN OF WHAT COUNTRY? HOUSEWIFE Julia Keefer 13. FATHER'S NAME Jacob Knoll 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Franklin Co., Penn. 14. MOTHER'S MAIDEN NAME Julia Keefer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO. USUAL OCCUPATION (Give kind of work done during most of work done of work done during most of work done	5. SEX					9	AGE fin years		EAR IF UN	
during most of working life, even if retired) Housewife 13. FATHER'S NAME Jacob Knoll 14. MOTHER'S MAIDEN NAME Julia Keefer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO Knoll Finafrock St. Thomas Pennsylvania 18. CAUSE OF DEATH [Enter only one couse per line for (a). (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) The property of the period of	Female			-			lost birthdoy)			-
Housewife I3. FATHER'S NAME Jacob Knoll I5. WAS DECEASED EVER IN U. S. ARMED FORCES? I6. SOCIAL SECURITY NO. I7. INFORMANT NO IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IR. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (c) The part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (c)	10a. USUAL OCCUPATIO	ON (Give kind of work done 10)	. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTH	PLACE (Stote o	r foreign cou		12. CITIZEI	OF WHA	T COUNTRY?
13. FATHER'S NAME Jacob Knoll 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO 18. CAUSE OF DEATH [Enter only one couse per line for (a). (b). ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). 18. CAUSE OF DEATH [Enter only one couse per line for (a). (b). ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	during most of wor	king life, even if retired)								
Jacob Knoll 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (If yes, give wor or dates of service) hone Knoll Finafrock St. Thomas Pennsylvania 18. CAUSE OF DEATH [Enter only one couse per line for (a). (b), and (c).] PART I. DEATH WAS CAUSED BY: (A) (A) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		Le					eilli•		U.D.A	•
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (If yes, give wor or dates of service) none Knoll Finafrock St. Thomas, Pennsylvania 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (2 For Mal. Thursdays) IMMEDIATE CAUSE (b) (2 For Mal. Thursdays) IMMEDIATE CAUSE (b) (2 For Mal. Thursdays)				14 MOTHER						
(Yes, give wer or dates of service) no (If yes, give wer or dates of service) hone Knoll Finafrock St. Thomas, Pennsylvania					Julia	Keefer				
18. CAUSE OF DEATH [Enter only one couse per line for (a). (b). ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d)	15. WAS DECEASED EVE		S. SOCIAL SECURITY NO.	7. INFORMANT			Addre	955		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CT IN [MAIN DEATH 12 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	no		hone	Knoll Fin	afrock	St.	Thomas.	Penns	ylvan	ia
IMMEDIATE CAUSE (o) CE LE Mal Mondons	18. CAUSE OF DEA	ATH [Enter only one couse per	line for (a), (b), and (c).]	. 1	,					
2213	PART I. DEA	TH WAS CAUSED BY:	Crispan	The	meles	nis			12	Pha.
00000	332 x									50.00
Conditions, if ony, which)	Conditions if a							1		
gove rise to immediate		mmediate (D)								
couse (o), stating the <u>under-</u> DUE TO	couse (o), stating							Y 193		
lying couse lost. (c)										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?	PART II. OTI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED T	9 THE TERMIN	IAL DISEASE	CONDITION GIVE	N IN PART 1(19. WAS	AUTOPSY
13 BRONCHIAL HILLIAM YES THOP	3	Taron	VERIAL	Helk	116					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)	20g. ACCIDENT WA	AS UNDERLYING 206. DE	SCRIBE HOW INJURY OCCU	RRED. (Enter nature	of injury in Po	ort I or Port I	l of item 18.)			
		MEDICAL EXAMINER)								
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 Oth wark of work of wo	3 20c. TIME OF INJUR	RY Month, Doy, Year 20d.	INJURY OCCURRED 20e.	PLACE OF INJURY	(Home, form,	20f. (City o	r town)	(Caur	ity)	(State)
Hour o. m. While Not while foctory, street, affice bldg., etc.)	Hour o.m.			foctory, street, affi	ce bldg., etc.)					
	≥ p. m.	OT WI	MX C OI WORK C		- Lug	1	-	_		
21. I certify that I attended the deceased from June 190 , to June 195 , that I last saw the deceased	21. I certify th	nat I attended the decea	sed from du	197	1.10	JUT	192/	that I last	saw the	e deceased
alive on	ative on	/ ULT , 19	a_Z_, and that det	ath occurred a	1/0	M, from	the causes a	nd on the	date sta	ted above.
ADDRESS (Street, city or town, state) OATE SIGNED		Q1 1	1 ×		A	DDRESS (Stre	et, city ar tawn, s	tote)	1	ATE SIGNED
SIGNATURE SUPERISTED M.D. GREENCASTLE /A.	ACTUAL	JUE	USIED	M.D.	GRE	Emm	CACT	20	12	
7.0	SIGNATORE			m.D			erijeskuskus.			
PHYSICIAN'S NAME (Type)							11.075.4			
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)			22c. NAME OF CEMETER	Y OR CREMATORY		22d. LOCATIO	ON (City, town, o	county)	(Ste	ote)
Burial 10/5/1957 Norland Cemetery Chambersburg. Penn.			Norland C	emeterv		Chaml	bersburg		Pen	1.
22 FUNEPAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS DECICEDAR _ 245 RECISEDAR'S SIGNATURE	2 FUNERAL DIRECTOR	'S SIGNATURE			240. REC'D					J
Siter-Rouzer Fineral Home Hagerstown, Md. Botz 1957 Inhapt Bowers	Sucer-Rouze		Hagerstown.	Md.	B+7	1951	7 /24/10	nHB.		(as

VS A1S (4) 15M 9/SS BUREAU V. & OCT & 1957

DATE OF THE PARTY OF THE PARTY

Reg. Dist. No.

	keg. Dist. No. 000
1. PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town) Hagerstown 2 wks.	03 Hagerstown
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS
OR INSTITUTION	ON A FARM?
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year
(Type or print) CHARLES HUMERICHOUSE	FISHER DEATH Oct. 11, 1957
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	May 28,1869 88 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign country) M > 12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)	Kemps Mill-Wash. Co. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joel S. Fisher	Louise Snyder
	INFORMANT Address
(Yes, no or unknown) (If yes, give war or dates of service)	
	rs. Julia Spencer-242 E. Main St.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	Westminister, Maryland INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ma : Jensolyed Knowther.
420.0 DUE TO	11 1
Conditions, if ony, which) (b) artsus also	The Heart Orscare sevial you.
gave rise to immediate Dur TO	
lying cause last.	
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	ED. (Enter nature of injury in Port t or Port 11 of item 18.)
	LACE OF INJURY (Hame, farm, catary, street, affice bldg., etc.) (City or town) (Caunty) (State)
Ma What	h accurred atM, from the causes and an the date stated abaveADDRESS (Street, gity ap-town, state) DATE SIGNED
ACTUAL Har & Wyllewon	1594. Working the ST pagestrunkel 10/12

159 W. Washington St.-Hagerstown

220. BURIAL, CREMATION, Burial (Specify)

PHYSICIAN'S

22b. DATE THEREOF 10-13-57

Philip J. Hirshman

Coffman-Hagerstown.

22c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

Maryland

22d. LOCATION (City, town, or county)

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Hagerstown 246 REGISTRAR'S SIGNATURE

0 VS A15 (4) 15M 9/55

O HOSPITAL

I director, filed with

funeral pe

offending

requires that the death

should b

executed within 24 hours after death. Page

	MENT OF HE	ATHATE CEPANTA	
			anafail a
Control of the Contro			
1000 22	SHARE STATE	A M IN THE RESIDENCE	
mile and the second second		REAR Courses Barry	
			Manager / Manage
		B 4	A P ENT
			100 100 100 100 100 100 100 100 100 100
The second of the property of		- 7 - 1 i u -	
		Act of the	
	- Kn 1.0		
		March and Co.	
BUREAU V.		Labert Dec. 11 A	Separation of the second
VCL 177 1957			
BECEINED	mar ver	THE STATE OF STATE	
CEUUCE			mings . It earlies

4 2.5		1	214	CERTIF	FICA	ATE OF
ofter death: Page 4 the funeral director, shauld be filed with	1.	COUNTY Washingt	on	MARYL	AND	2. USUAL RES
death:		CITY OR TOWN (If outside corpored RURAL and give nearest town) Hagerstown- ru	e limits, write	c. LENGTH OF STAY II	N 16	c. CITY OR
by the f d 2 shau		d. NAME OF HOSPITAL (If not in hosp OR INSTITUTION Gate way Nursi				d. STREET
24 hour in b		NAME OF DECEASED (Type or print)	First	Middle M. T.	11	L F
l within letely ?	s. f	emale 6. COLOR OR 5	1100	RIED NEVER MARRIE	_	8. DATE OF BIR
executed and camp and camp death.	10a	. USUAL OCCUPATION (Give kind of during most of working life, even if r	work done 10b etired)	KIND OF BUSINESS OF Home hom	e indus	TRY 11. BIRTHE
cian and carbon offer of	13.	FATHER'S NAME Daniel Wilhie	de			14. MOTHER
deoth certifical	15. JYe	WAS DECEASED EVER IN U. S. ARMED		SOCIAL SECURITY NO.		rs. Je
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page may be retained by the hospital or otherding physicion. O FORMRAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely in by the funeral director page. Should be detached for use as the burial-transit permit. Then please remove carbon papers. Page and 2 should be filled will the registrar prior to burial, cremation, or remayal, and in any event within 72 hours ofter death.		Conditions, if ony, which	BY: (1	ine fap (a), (b), and (c).	lcli	erotic
: The law required physicion. Ing physicion. In the has been signification of the physicion	CERTIFICATION	PART II. OTHER SIGNIFICANT				
4YSICIAN: The or otherding is certificate hise as the bur notion, or rem		20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMI		SCRIBE HOW INJURY OC		
G PHYSIC oital or oth r this certifor use os cremotion	MEDICAL	20c. TIME OF INJURY Month, Day Hour a.m. p. m.	, Year 20d. While 19 at wo	Nat while		ACE OF INJURY dory, street, affi
or ATTENDING PHYS ined by the hospital or DIRECTOR: After this a Id be detoched for use prior to burial, cremoil		21. I certify that I attended alive an ODO ACTUAL SIGNATURE A DOTAL	the decea	-7	30 death	occurred o
SPITAL OR Be retained RAL DIRECTOR Should be	200	PHYSICIAN'S DOVICE NAME (Type)	LR.	Brewe	2)	
TO HOS	B	BURIAL, CREMATION, 22b. DATE TO PROVIDE TO P	3-57			thern
VS A1S (4)			ger &	Son Thur	non	t. Md.

DEATH Reg. Dist. No IDENCE (Where deceased lived. If institution: Residence before admission) Maryland b. COUNTY Washington TOWN (If autside carporate limits, write RURAL and give nearest town) Hagerstown ADDRESS e. IS RESIDENCE ON A FARM? Elizabeth St. YES NO KI 4. DATE Month Year Day OF DEATH 19 57 October 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours 1868 LACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ryland U.S.A. S MAIDEN NAME Unknown) Elmira Address sse Fox Thurmont. Maryland INTERVAL BETWEEN ONSET AND DEATH O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO of injury in Part I or Part II of item 18.) (Home, farm, 20f. (City or town) (County) (State) ce bldg., etc.) 195 that I last saw the deceased M, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) 22d. LOCATION (City, town, or county) (Stote) Thurmont Maryland 246. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	ATE OF DEATH			N. C.
5077,57,088	Seat Vick To the Control		notin2	teen Pass
	TWO 18 19 18 E	7,77,75	letwa -	
	. 22 Mandauti - SS		and aniem	(van idea
	THE REPORT OF LAND			
	388. 17. 1868		92579	1 n Carroll
	and was	Roma from 6		STEVAROOR
	mwanina i wikili a a		0.1811	Lained .
Lastweek , see	ra. Jesse Fox Churc	M = 5000		
emiliar alla bezelli				
	A PART OF STREET AND PROPERTY OF STREET			
		0.7410		
UREAU V. A.			State of Schools	L YOU TO T
OCT 25 1957	Services and efficient			
BECEIVEN		and but told	10-23-32	100
A Secretary	The state of the s	donatul Fee	(Cresses)	
		the hapter and a self	STATE OF THE PARTY OF	No. of the latest and

1174 CERTIFICATE OF D	DEATH
-----------------------	-------

									wag. Div	11 110.	0.0
1. PLACE OF DEATH o. COUNTY Wa	ashington		MARYL		2. USUAL RESI	DENCE (Wh		ved. If instituti b. COUNTY		e before od	
	If outside corporate limit	s, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR 1	TOWN (If o	utside corporat	e limits, write R			
Hagers	•		9 years		03	Hage	rstown				
d. NAME OF HOSPI	TAL (If not in hospital, gi				d. STREET A	DDRESS				e. IS	RESIDENCE N A FARM?
243.1	N. Potomac	Stree	et		243 N	I. Pot	omac St	treet		YES	NO D
3. NAME OF DECEASED (Type or print)	JAMES	t	Middle GEARD	FF	LANKLIN	•	4. DATE OF DEATH (Mon October		Day	Yeor 19 57
5. SEX	6. COLOR OR RACE	7. MARE	RIED ANEVER MARRIED		DATE OF BIRTI			AGE (In years lost birthdoy)			INDER 24 HPS.
Male	White	WIDOWI	ED DIVORCED		ecember	18,	1900	56 yes.	Months 2	Days Ho	urs Min.
00. USUAL OCCUPATION	ON (Give kind of work of	one 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPL	ACE (Stote	or foreign coun	try)	12. CITI	ZEN OF W	HAT COUNTRY?
Retired Gr	king life, even if retired)		m business		Scrar	nton,	Pa.		11	S.A.	
13. FATHER'S NAME	O O D MINUTE	101	111 000111000		14. MOTHER'S					Uene	
Term	aac Frankli					Max	ne Dorson	0.00			
	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17 INF	ORMANT	Mai	y Deve	Add	1055		
(Yes, no. or unknown)	(If yes, give wor or dates of se	rvicel	20-18-0798		. Mary	S. Er	anklin	Hager		Md.	
Conditions, if o gove rise to i couse (o), stoling lying couse lost.	the under-	Č.	Topus Lew- CONTRIBUTING TO DEAT	Eng	Liver	5 X	ens end	Vis	LOVE BARRE	3	56 ys AS AUTOPSY
)							F. 311		EIN IIN PARI	PE	RFORMED?
	AS UNDERLYING GOVERNMENT GOVERNM	206. DES	CRIBE HOW INJURY OC	URRED.	(Enter noture o	f injury in P	ort I or Port II	of item 18.}			
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Yea 19	r 20d, It While of wor	Not while	De. PLAC focto	E OF INJURY (I ry, street, office	Home, farm, bldg., etc.	20f. (City or	town)	(Co	ounty)	(Stote)
21. I certify the alive on actual signature physician's Name (Type)	Sav	deceas _, 193 	-	leath o	D. A	- /			ind on th		the deceased toted abave. DATE SIGNED
220. BURIAL, CREMATIC		F	22c. NAME OF CEMET	ERY OR	CREMATORY	/	22d. LOCATIO	N (City, town,	or county)	1	Štote)
REMOVAL (Specify) Burial	10/17/19	57	St. Mark's	Epi	scapol	Cem.	Lewish			Penn	sylvania
22 FUNERAL DIRECTOR Suter-Rouze	rs signature er Funeral !	Home	ADDRESS Hagerstown	, Mo		240. REC'L	BY REGISTRA	7 24b 15GH	TRAR'S SIG	NATURE	resal

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 d in by the funeral director, and 2 shauld be filed with may be retained by the hospital or attending physicion.

TO FILMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely per should be detached for use as the burial-transit permit. Then please remove carbon papers. Pather religitror priar to burial, cremation, ar removal, and in any event within 72 haurs after death.

M

VS A15 (4) 15M 9/S5

MARTIAND STATE DEPARTMENT OF REACTH—BALTIMORS, 18
CERTIFICATE OF DEATH

majorent val	A Property of the Parket of th		The Market State of the State o
Security of the second	for side managers . E.S.		to organical in the
1015, TOUR LINE			THE RESERVE OF THE PARTY OF THE
		THE WAY THE THEFT IS	
	accesser 2, 1965		
	· it continues		
	The same of the sa		The Strang Company
Tan . The color	od elikati e de .	2 Perr - 1-023	



OCT 18 1957



Reg. Dist. No. 302

11175

may be retained by the hospital ar ottending physicion.

Of the RAL DIRECTOR: After this certificate has been signed by the attending physician and campletely post should be detached for use as the burial-transit permit. Then please remove carbon papers. Pay the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. 107

VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

o. COUNTY	Washingto	on	MARYLAND	2. USUAL RE o. STATE	SIDENCE (When	re deceased live	d. If institution b. COUNTY	Washir	
b. CITY OR TOWN RURAL and give Hager	(If autside carporate limit nearest town)		th of stay in 15 years	2 -	R TOWN (If our		imits, write RU	JRAL and give no	earest town)
OR INSTITUTION	Baltimore S			d. STREET	ADDRESS	timore S	t.,		IS RESIDENCE ON A FARM? YES NO N
3. NAME OF DECEASED (Type or print)	Joseph		Middle A	Haines	Lost	4. DATE OF DEATH	Month Oct.	h D	Year 19 57
5. SEX male	6. COLOR OR RACE	7. MARRIED NI	DIVORCED	B. DATE OF BIL	RTH L8, 1864	lo	GE (In years at birthdoy) 93 yrs.	Months Days	R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPAT during most of wo	TION (Give kind of work dorking life, even if retired)	W.M.R.I			PLACE (State or)		OF WHAT COUNTRY?
13. FATHER'S NAME	ohn Haines				r's maiden na ary Blac				
15. WAS DECEASED EN [Yes, no. or unknown)	/ER IN U. S. ARMED FORC			NFORMANT Wilbur	Haines	s Hag	Addre		
Conditions, if gove rise to couse (a), stoting tying couse lost PART II. O PART III. O CONTRIBUTING (IF EITHER, NOTIRE UT)	g the under-		TING TO DEATH BU	I NOT RELATED	TO THE TERMIN	AL DISEASE COM	NDITION GIVE	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	VAS UNDERLYING IG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE HOV	W INJURY OCCURRI	D. (Enter nature	of injury in Pa	rt I or Part II of	item 18.)		
20c. TIME OF INJU Hour o. m p. m	. 10		while fo	ACE OF INJURY	(Home, form, fice bldg., etc.)	20f. (City or to	wn)	(County) (Stote)
21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the			M.D.		M, from the DDRESS (Street,	e causes a	nd on the de	saw the deceased ate stated above DATE SIGNED
220. BURIAL, CREMATI REMOVAL (Specif DUTIAL)	10-6-57		ME OF CEMETERY COSE Hill	OR CREMATORY	1/2	nd. LOCATION Hager	(City, town, or	r county)	(Stote) Md.
23. FUNERAL DIRECTO			RESS		11.1	BY REGISTRAR	24b. REGIS	TRAR'S SIGNATU	JRE DECESS
Fred W. K	Tarza H	agerstown	, Mu.		PATERLE	11/01	TORO	41/1/8	

Management of the Cartesian Cartesia BAARSS - 507 I

	MARYLAND	STATE D	EPARTMEN	IT OF	HEALTH-	BALTIMORE,	18
4770	MEDIC	AL EXA	MINER'S	CERT	IFICATE	OF DEATH	

111,98

11176 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
Reg. Dist. No.

1.	a. COUNTY	Washing	ton	MA	RYLAND	o. STATE			l lived. If instill b. COUN			ore admis g ton	sion)
	b. CITY OR TOWN III and give nearest town Hagers)	rite RURAL	c. LENGTH OF STA		c. CITY			rote limits, writ		d give n	orest tow	rn)
	d. NAME OF HOSPIT	AL OR INSTITUTION	(If not in ho	spitat, give street add	lress)	d. STREE	T ADDRESS	# 5				ONA	SIDENCE FARM? NO 🔼
3.	NAME OF DECEASED (Type or print)		int harles	Middle Edwa	ırd	Hat		4. DATE OF DEATH	Mon Oct	ober	Day 18	Ye 19	
1	Male Male	White	WIDOWE		0	March	17,192	0	AGE (In years lost birthday) 7 yrs.	IF UNDER Months	1YEAR Days	Hours	R 24 HRS. Min.
10	during most of working Aircraft	ig life, even it refired	k done 10b.	Fairchild			PLACE (Stote of			12. CITI		WHAT C	OUNTRY?
13	D.	Randall I	Hause			14. MOTHER	'S MAIDEN N. Nora	Frenc	h				
	Yes	er in U. S. ARMED F	ORCES? 16.	SOCIAL SECURITY N 217-16-		FORMANT Mrs.	June	Bowman	Address		Hag	ersto	own, Md
		TH [Enter only one co IH WAS CAUSED BY: IMMEDIATE CAUSE (I DUE TO	o)	Rheum	matic matic	Fever Valvul	ar hea	rt dis			INTER	AL BETWEE AND DEAT	N H
ATION	gove rise to immed (o), stating the cause lost.	diote cause DUE TO	c)				oclusi		CONDITION GI	VEN IN PAR		. WAS A	MED?
CERTIFICATION		NTRIBUTING 🗆		E HOW INJURY OCC	URRED. (Er	iter noture af	injury in Port	l or Part II of	îtem 18.)			., []	NO 🔀
MEDICAL	20c. TIME OF INJUI Hour a. m. p. m.	Nonth, Day, You	Whil	INJURY OCCURRED Not while ork of work	20e. PLAC focto	E OF INJURY ry, street, offi none	(Home, farm, ce bldg., etc.)	20f. (City o	r town)	(Cou	unty)		(Stote)
		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find that death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined cause											
	ACTUAL SIGNATURE	Pole	eil	nell	00	M.D. CHIEF	MEDICAL EXA	MINER				DATE SIG	GNED
	EXAMINER'S NAME (Type)	S. Robert	t Well	s. M.D.			Y MEDICAL E			1	.0-18	3-57	
22	g. BURIAL, CREMATIO REMOVAL (Specify) BULLAL	N, 226. DATE THERE 10/21/1		22c. NAME OF CEM Green Hi					on (City, town, lesboro	ar county)	Pe	(Sigte)	
23	S. Mark	S SIGNATURE		ADDRESS Naynesboro		•	DATE T	BY REGISTRA	95246. REG	hes o	111	Tower	sp.

VS. A15ME(5) 5M 9/55

BUREAU V. E.

AL DESCRIPTION OF THE PROPERTY OF THE PERSON OF THE PERSON

mem and Alle month to the Alle

in amount of a new course

OCT 21 1957

BECEINED

FOR STATE HEALTH DEPT.

Page Page iles.

_		bdox	T		339
ì,	F.	bor			
5	2	8	0		
9	0	>	0		
5	===	ō	b		
23	_	-	0		
2	0	0	60		
_	0	č	(0)	20	
9	5		D	0	
9	4		0	ŏ	
,	0		1	Sec.	
-	400	99	سان سان	9	
)	0	-	J.C	b	
=	~	6	7=	9/2	
	_	E	8	5	
Ě	9	S	CA	50	
2	0	(1)	70	OI	
Š	oi.	0	0	1	
		2		62	
2	_		-	2.	
ŝ	60	m	60	2.	7
9	(0)	Σ	0	-	1
į	0	O.	ď,	2	1
?	da	6	(1)	×	1
	>	ō	==	0	1
à	Ö	Main	Un	2	
2	_	ç		0	
3	eni.	'E	1000	C	
-	=	-	-	- 0	
	6	C	0	P	
3	0	2	-	0	
:	=	0			
į	62		C	0	
ı	-	E.	5	6	
)	Ğ,	5	-	E	
9	en En	V	0	0	
	Ď,	.07	2	Ba.	
2	62	0	ā	0	
3		50	D	-	
	I 231	8	10	0	
,	C	0	D	der	
2	5	w	D	6	
ž	5	-	S	40	
	a,	0	D	8-	
	:	5	0	-	
3	O	0	did	õ	
	Ö	2	P	200	
	3	Man	2	5	
	0	- 5	ž	- Darlin	
ċ	댠	Ü	677	0	
à	(31	63	(L)	bu	
	C	2	(0)	0	
	1000	-	0	à	
į	E	5	Q.,	-	
		0	oc.	Ē	
•	0	e	ō	0	
,	0	2	-	ő	
	100	>	2	777	
		5	2	0	
1	=		-	ö	
	terf	1000			
	e certi	9		C	
	he certi	be fo	ALE	ign.	
	the certi	d be fo	RALE	fesign	
	te the certi	d be for	RALE	design	
	cute the certi	d be fo	RAL	rs design	
	tecute the certi	A be fe	PARAL E	its design	
	execute the certi	4 A de fe	D P RAL E	ar its design	
	execute the certi	4 A d be for	TO PARE	ar its designated agent, prior to burial, cremation, or remayal, and in any event within 72 haurs after death.	
	execute the certi	4 A de fe	TO P RAL D	ar its design	
	y execute the certi	d be for	TO P RAL E	ar its design	
	Y execute the certi	d be for	10 F. RAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the Blate Board of H	ar its design	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11199 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	Reg, Dis	st, No.
1. PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Resider o. STATE Md b. COUNTY Was	
b. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest lown) Hagerstown	c. CITY OR TOWN (If outside corporate limits, write RURAL and Hagerstown	give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 32 Summit Ave.	d. STREET ADDRESS 1 32 Summit Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Maurice F. Middle	Hickey 4. DATE OF OCt. 30	Day Year 57
5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. White WIDOWED DIVORCED 6.	Date of Birth Jan. 29, 1876 9. AGE (In years 15 UNDER 1	YEAR IF UNDER 24 HRS. Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Street dept. city of Hag.		S.A.
13. FATHER'S NAME Peter Hickey	14. MOTHER'S MAIDEN NAME Johana Cuff	e
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN [Yes, no. or unknown] If yes, give wor or doles of service) 217-09-9916A	NFORMANT Address	
PART 1. DEATH WAS CAUSED BY: 331 X DUE TO Conditions, If ony, which gove rise to immediate cause (o), stating the underlying couse last. PART 1. DEATH WAS CAUSED BY: Vascular Hy Acute Cerebra (b) DUE TO (c)	pertension 1 hemorrhage	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N None 20a. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. none 20b. DESCRIBE HOW INJURY OCCURRED. (EI	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	nter noture of injury in Port I or Fort II af item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factor of work of	CE OF INJURY (Home, form, 20f. (City or town) (Cour none none none	nty) (State)
21. I certify that I taok charge of the remains described abortapinion death resulted from: Natural causes . Accident		
SIGNATURE STOTES hells	_M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type) S. Robert Wells, M.D.	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 7	11-1-57
220. BURIAL CREMATION, PEMOVAL (Specify) 11-4-57 Rose Hill Co		(Stole)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246 REGISTRAR'S SIG	NATURE
Scott F. Minnich & Son, Hagerstown	n. Md. 0500, 1.195 Collast.	your "

BUREAU V. S.

LEGT L NON

DECENTED

Sant as finning as de son, angaretors, ad. [60

11200

CERTIFICATE OF DEATH

Coffman Hagerstown Md.

1			163						Keg. Di	ST. NO.		
1	PLACE OF DEATH COUNTY Washingt	on		MAR	YLAND	2. USUAL RESIDENCE (W. o. STATE Marvland	3	b. COUNT	Y	nce befor	e odmissi	ion)
-		f outside corporate limi	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF				give nea	rest town)
	Hagers	1		93	Hrs	3 Hagersto	own					
	OR_INSTITUTION	At (If not in hospital, g				d. STREET ADDRESS	Canno	7 . II.O			ON A	
1							7					NO [5]
	NAME OF DECEASED (Type or print)	JOHN		AYMOND		MELSINE	4. DATE OF DEATH	Oct 14	onth 195'	7 Do:		Year 19
5.	SEX	6. COLOR OR RACE	7. MARR	NEVER MARK	RIED 0	DATE OF BIRTH		9. AGE (In year last birthday)	Manths	Days	-	
L	Male	White	WIDOWE		_	Jany 14 18	890	67 yr		Days	Hours	Min.
10	during most of work	ing life, even it retired	done 10b.			Hagersto		2020	40	US		COUNTRY
113	Merch	er i i i		Grocery	У	14. MOTHER'S MAIDEN		abii. Oc		0.0)A	
		J., a., II.,	-7 -4									
19	John And	CIEW Humn		SOCIAL SECURITY N	0 17 INF	Lillie ORMANT	Flore		dress			
	(es. no. or unknown) NO	(If yes, give war or dates of s	ervice)			Lola C. I	Haamma		217 No	n de	nno	n Arr
F		TH [Enter anly one co	-					TOTIO '	32 1 211			
		TH WAS CAUSED BY:	use per iin			Hagerstown		4 - 1	1	ONS	RVAL BE	DEATH
	420.0	IMMEDIATE CAUSE (o)	ctr no	4.0.7	riculer T	1eer	<u>t</u> +01	lune	-	2.W	RS
	1000 C 100 C	DUE TO	A .	4		1 " 11			7.4	,		her i
	Conditions, if a	mmediate		CC4. 10	CIL	rotic He	1-1	DICE	10		7 7	1
	lying couse lost.											
Z		J (c IER SIGNIFICANT CON		CONTRIBUTING TO D	EATH BUT N	OT RELATED TO THE TERM	MINAL DISEAS	SE CONDITION O	IVEN IN PAR	T 1(a) 19	P. WAS A	AUTOPSY
Į Į										1,0,	PERFO	RMED?
PER	20g. ACCIDENT WA	S UNDERLYING [7]	20b. DESC	CRIBE HOW INJURY	OCCURRED	(Enter nature of injury in	Part I or Par	rt II of item 18)			163	NO []
CERTIFICATION	OR CONTRIBUTING	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)				,						
			ar 20d. IN	NJURY OCCURRED	20e. PLAC	E OF INJURY (Home, fare	m. 20f. (Cit	v or town)		County)		(Stote)
MEDICAL	Hour a.m.	19	While	Not while	focto	ry, street, office bldg., et	c.)	,,	,	Coomy		(51010)
3						110 -		1 1 . P				
		at I attended the	decease			, 19.49, to 0						
	alive on) e C 1 2	., 195	$1-\sqrt{-}$, and tha	t death o	ccurred at 12-6/				he dat		
	ACTUAL SIGNATURE	6.1 a	11	10/1 wan-	M	214	N- 12	tom 2	4.5	į.	10/1	TE SIGNED
		10/0	IV	11.			-h4W					-4-4
	PHYSICIAN'S NAME (Type)	loyd A	- /-	fo FFm	3 h	Hay	275	town	1 B	2 .		
22	PO- BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREC	F	22c. NAME OF CEA				TION (City, town			(Stote	
22	Burial	S SIGNATURE	7	Rose H:	111 0	emetery		TRAR 246/REC				

24g. REC'D BY REGISTRAR DOCT. 17.1957

AL DIRECTOR: After this certificate has been signed by the attending physician and campletely TO HOSPITAL OR 10

requires that the death certificate be executed within 24 hours after death. Page 4

M

in by the funeral director, and 2 shauld be filed with

permit. Then please remove carban papers. in any event within 72 hours after death.

CURTIFICATE OF DEATH

THE TAX BEAUTY OF THE TAX BEAU

BUREAU V. S.

7501 12 10C

BECEINED

11201

CERTIFICATE OF DEATH 11179

MARYLAND

Reg. Dist. No. 302

Washington

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY

Maryland

100	
M	1. PLACE OF DEATH o. COUNTY

in by the funeral directar, and 2 shauld be filed with

the attending physician and complet Then please remove carbon papers. may be retained by the hospital or attending physician.

Studge AL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 0

	Was	hington	MARYLAND	Mary	land	Washington
		(If outside carporate limits,	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside carporate limits, write	e RURAL and give nearest town)
	Hagers		D. O. A.	x 2 Ru	ral Hagerstow	m
0		TAL (If not in hospital, give		d. STREET ADDRESS	11000000	e. IS RESIDENCE
19		gton County	Hospital	R.F.D. #	3	ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	CLYDE	Middle HERBERT	INGRAM	4. DATE A OF DEATH OCTOBE	tonth Day Year 8 1957
	5. SEX male		MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH October 18m	1894 9. AGE (In year last birthda)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	during most of wor Retired Ma- 13. FATHER'S NAME	ON (Give kind of work door king life, even if retired) chinest Sup.			sburg, Pennsy	12. CITIZEN OF WHAT COUNTRY
	15. WAS DECEASED EVE	ER IN U. S. ARMED FORCE	57 16. SOCIAL SECURITY NO. 17.	INFORMANT		ddress
0	(Yes, no, or unknown) NO	(If yes, give wor or dates of servi		drs. Doris Sto	ne Hagersto	wn Rt. # 3, Md.
		ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Ony, which immediate The under-	e per line far (a), (b), and (c).] Myacard Arterio	iel tnt	retion Heart D	INTERVAL BETWEEN ONSET AND DEATH TO THE STATE OF THE STAT
0	PART II. OT	HER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BE			GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING	MEDICAL EXAMINER)	20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Hame, farr factory, street, affice bldg., etc	m, 20f. (City or tawn)	(Caunty) (State)
1	21. I certify it olive onA ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 1	nat I attended the d	-		M, from the causes ADDRESS (Street, city or tax Otomica St	L, that I last saw the deceased and on the date stoted above on, state) DATE SIGNED 76/9/S 7-/ 737 2 •
	220. BURIAL, CREMATIC REMOVAL (Specify)		22c. NAME OF CEMETERY Rose Hill (22d. LOCATION (City, town	n, or county) (State) Maryland
0		rs signature zer Funeral			D BY REGISTRAR 245. RE	GISTRAR'S SIGNATURE

TAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18	RAM
CERTIFICATE OF DEATH	
AND THE RESERVE OF THE PARTY OF	moderate and a second
The state of the s	
BATTORN TO THE STREET OF THE STREET	tred northling
The state of the s	
	E I
. Sampletoning and Las managers with the company of	designations to the same
doing bring a mile and a second of the secon	
	ASSESSMENT OF THE PROPERTY OF
	And Conference of the Conferen
BOKEVO K E 1025	Ama
BECEINED	
	Valor

Water

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely at in by the funeral director, por Ashauld be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

			11215		CERT	IFICA	ATE OF DEA	III		Reg. D	ist. No.		دما
	1. P	LACE OF DEATH					2. USUAL RESIDENCE	(Where decease	d lived. If instituti	on: Reside	nce befo	re admise	ion)
1	°	. COUNTY Wash	nington		MAR	YLAND	o. STATE Mary	rland	b. COUNTY	Was	hing	gton	1
1	b	CITY OR TOWN (If	autside corporate limi	ts, write	c. LENGTH OF STAT	Y IN 1b	c. CITY OR TOWN	(If outside corp	orate limits, write R	URAL ond	give nec	rest town	1) /
	Ha	agerstown	1 Md RFD		6 month	1	XOSharpsh	ourg M	aryland				
	-	OR INSTITUTION	L (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS			1111		e. IS RES	FARM?
,	G	ateway Co	onvalesce	ent 1	Home		134 East	Main	St.				NO 🔼
	3. 1	NAME OF DECEASED	Fir	st	Middl		Lost	4. DATE OF	Mon	th	Do	у	Yeor
		Type or print)	THOMA	S	JEFFER	RSON	JACKSON	DEATH	Oct.	1	9		19 57
1	5. \$	EX	6. COLOR OR RACE	7. MAR	RIED NEVER MARR	IED 🔲	B. DATE OF BIRTH	200	9. AGE (In years last birthday)	Manths		Hours	ER 24 HRS.
	_	Male	White	WIDOW	hydda,		- 010	.881	71 76 76 yrs.	17	20		
1	0	during most of worki	N (Give kind of work on the life, even if retired)	1			TRY 11. BIRTHPLACE (SI		country)	12. C			COUNTRY
"		arpenter		V .	ictor Pro	odue					U.S	S.A	
	13. 1	FATHER'S NAME	T				14 MOTHER'S MAIDE		N/				
	16 1		tus Jack		SOCIAL SECURITY NO	0 17 11	NFORMANT	Emma	ryers				
1	{Yes.	no or unknown) (t	yes, give wor or dates of s	ervice)				not T	Alegon .	134			1 St.
1		NO DEAT	No		20-10-36		iss. Marga	irec o	ackson ,	Shar		LTO BE	Md.
S.I		PART I. DEAT	H WAS CAUSED BY:		ne for (0), (b), and (t)	1	andia.	· Ho	shit!	1 Mb		ELAND	
		11014	IMMEDIATE CAUSE (o		rique	1	ann	C/17	gan	10/01	ny	10	aye
7		Canditians, if an	DUE TO		TVm.	Il,	ilman	V		1	1		/
1		gave rise to im	mediate (V.10	1	1						
Н		cause (a), stating the lying cause lost.	ne under-	100	- (V						
	20		R SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	EATH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
0	CERTIFICATION											_	NO T
Я	II.	20a. ACCIDENT WAS	UNDERLYING [20b. DES	CRIBE HOW INJURY	OCCURRE). (Enter nature of injury	in Port I or Par	t II of item 18.)			-	
		(IF EITHER, NOTIFY A	MEDICAL EXAMINER)										
31	MEDICAL	20c. TIME OF INJURY Haur o. m.	Month, Day, Yes	1	NJURY OCCURRED	20e. PLA	CE OF INJURY (Home, fory, street, office bldg.,	orm, 20f. (Cit	y or town)		(County)		(Stote)
	WED	p. m.	19	While of wor	k of work		since, office blog.,	eic.,					
		21. I certify the	at I attended the	deceas	ed fram Y-ld	152	1, 1957, to	()(X)	71. 195	that I	last so	w the	deceases
		alive on	ct 19.	19	57_, and tha	t death	accurred at 7.3						
		(A)	- 100	(do)			Mi.		treet, city or town,			DI	ATE SIGNED
1		ACTUAL SIGNATURE	wia x	10	rewer		M.D. Cle	21/	your	19		0/2	115
-		PHYSICIAN'S	Dille	K	Real	11/	-		12m-		- /	1	/ '
		NAME (Type)	avia	()1	11) E	WE	,)		114	£			
	22a.	BURIAL, CREMATION REMOVAL (Specify)	0	F	22c. NAME OF CEN				TION (City, town, o			(Stote	e)
			Oct. 22	-57		Pan	or Cemeter						-
	23.	FUNERAL DIRECTOR'S	SIGNATURE	77	ADDRESS 105	nt.		EC'D BY REGIS	TRAR 246. REGIS	STRAR'S S	W	1	LO
-	-	JUVU) -	-27		Lacornage	160 9	1/60 DATE	1123-	01/20	201	1/ 4	1-50	rus

CERTIFICATE OF DIATH



OCT 28 1957,



23. FUNERAL DIRECTOR'S SIGNATURE

F. Minnich & Son

	THE OF DEATH			Reg. Di	st. No.	300
ID	2. USUAL RESIDENCE (Whe o. STATE MARY Land	re decease	d lived. If institution b. COUNTY		ce before d	
Ь	c. CITY OR TOWN (If ou	tside corpo	orate limits, write R			
		erst				
	d. STREET ADDRESS 544 Gui.					S RESIDENCE ON A FARM? ES NO
е	Jones	4. DATE OF DEATH	Octo	ber !	Day	Yeor 19 57
	Eeb. 22, 190	07	9. AGE (In years lost birthday) yrs.	Months		UNDER 24 HRS.
IDUS	TRY 11. BIRTHPLACE (State of Hagerst		auntry) Md	12. CIT	IZEN OF V	VHAT COUNTRY?
	14. MOTHER'S MAIDEN NA					
	Eva M.	Sto	uffer			
1 100	FORMANT		rstown	Md.		
1	thyroid u	nth	/		INTERV	AL BETWEEN AND DEATH
1	essie				4	- gr
BUT	NOT RELATED TO THE TERMIN	AL DISEAS	E CONDITION GIV	EN IN PAR	F	WAS AUTOPSY PERFORMED?
RRED	. (Enter nature af injury in Pa	irt I ar Par	t II af item IB.)			
fac	CE OF INJURY (Home, farm, ary, street, affice bldg., etc.)				County)	(State)
-	, 1932, to O	J	5 , 1957	,that I	lost saw	the deceased
oth	occurred at 44	M, from	m the couses o	nd on ti	he dote	stated above. DATE SIGNED
^	D. 145 W. W.				-	rstown
					n	nd.

22d. LOCATION (City, town, or county) Cemeterv Hag erstown

ADDRESS

Hagerstown

(Stote)

24g_RECO BY REGISTRAR 24b REGISTRAR'S SIGNATURE

2

OF HEALTH PALTIMORE, 18	D STATE DEPARTME		
HTARO TO ST		net to	
	ALMINATIO FOR ALL		
The wife at the same and the same		LP.	
THE MEDIT HOLD CARD AND	plant book book book		
			Call Carl Street A
The period for the control of the period of			
BUREAU V. A.			

TO

VS. A15ME(5) 5M 9/55

3	1	1	1
CE OU	OF NT	DE/	T
		TO neor	
AM	EC	FH	0

00

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 81 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11204

Reg. Dist. No. 302

a. COUNTY Washington	MARYLAND	o. STATE Marvle	ere deceased lived. If Institution b. COUNTY	Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporole limits, write RU	RAL and give nearest town)
and give nearest town) Hagerstown	19 years	o3 Hage	erstown	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hose		d. STREET ADDRESS	02.000	. IS RESIDENCE
1045 Florida Ave.		/ 1045 Florid	da Ave.	YES NO I
3. NAME OF First OECEASED (Type or print) WTT.I.TAM	Middle A. K	Lost 4. EESECKER	DATE Month Oct. 5 to	Doy Year 19 57
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8.	DATE OF BIRTH		UNDER TYEAR IF UNDER 24 HRS.
male white WIDOWED	DIVORCED	Sept. 12, 188	3 lost birthday) M	onths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. Kl during most of working life, even if relired)				12. CITIZEN OF WHAT COUNTRY
	Laundry	Cumberland	d. Md.	U.S.A.
13. FATHER'S NAME	Data de la constante de la con	14. MOTHER'S MAIDEN NAM		
		unknown		
unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
(Yes, no, or unknown) (If yes, give war ar dates of service)				Artizona
		s. Marie Baug	iman Flieditt,	
18. CAUSE OF DEATH [Enter only one cause per line for part 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	or (o), (b), ond (c).]			INTERVAL BETWEEN ONSET AND DEATH
420,1 DUE TO 8	1	17		
Canditians, if ony, which)	man al	landon.		
gave rise to immediate cause				
(a), stoting the underlying DUE IO				
PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	HOW INJURY OCCURRED. (Er	ller noture of injury in Port I	or Part II af item 18.)	
Hour o.m. While	NJURY OCCURRED 20e. PLAC Not while k ot work	E OF INJURY (Hame, farm, ry, street, affice bldg., etc.)	20f. (City ar town)	(County) (State)
21. I certify that I took charge of the re	emains described abov	re, held an Autopsy	2, Inspection ,	Inquiry [], and find that
death resulted from: Natural causes	Accident , Suic	ide, Homicide [, Undetermined cau	ise .
ACTUAL SIGNATURE SE SAIN VIN	at 9	M.D. CHIEF MEDICAL EXAM	AINER [STORED DATE SIGNED
EXAMINER'S TIRE WITH	FT. JA	DEPUTY MEDICAL EXA		1/37
REMOVAL (Specify)	22c. NAME OF CEMETERY OR C		d. LOCATION (City, town, or of Hagerstown, M	
23. FUNERAL DIRECTOR'S SIGNATURE Suter Rouzer Funeral Home R. Tunkin Line	ADDRESS Hagerstown, M	24a. REC'D 8		AR'S SIGNATURE

a comite :

branis, Kimoonii Bheelancii atti

Summering, ...

BUREAU V. S.

1961 91 LUC



The state of the s

11205

. 11182

CERTIFICATE OF DEATH

Reg. Dist. No.

L	J.	4	U	1)	
	-	2	-	-	

1. PLACE OF DEATH D. COUNTY	ashington	MARYLAND	2. USUAL RESIDENCE (WI		COUNTY	Residence before Washing		on)
RURAL and give n	If outside corporate limits, write earest town) erstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of Hage	outside corporote lin	nits, write RUF	RAL and give ne	arest town)	
OR INSTITUTION	TAL (If not in hospital, give strength ganore Ave.,	et oddress)	d. STREET ADDRESS 352 Ling	anore Ave	. ,		e. IS RESIDENCE ON A PES TO	
3. NAME OF DECEASED (Type or print)	First Elmer	Middle Benjamin	Kershner	4. DATE OF DEATH	Month 10	De 2		957
5. sex male	white wipo	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH March 5, 1868	lost		Months Days	Hours	Min.
retired	ON (Give kind of work done king life, even if retired) laborer	.Y. Central Iro	on Wks Wash.	Co. Md.		U.S.		COUNTRY
13. FATHER'S NAME	nlear Kershner		14. MOTHER'S MAIDEN H	llen Ring	ger			
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		nformant ra Kershner	Hagersto	Addres			
Conditions, if o gove rise to i couse (o), storing lying couse lost.	mmediate (Tour ses	leveter,	Lear	t des	me	-10	y.
CATIC		S CONTRIBUTING TO DEATH BU				N IN PART 1(o)	PERFOR	SWEDS
	AS UNDERLYING TO COUNTY OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRI	ED, (Enter nature of injury in	Part I ar Port II of i	tem IB.)			
20c. TIME OF INJUR Hour o. m. p. m.	Wh	1.	LACE OF INJURY (Home, form partory, street, office bldg., etc.	20f. (City or tov	vn)	(County)		(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	SEAR	ong To UN Co A	h accurred of 600	ADDRESS, (Street, co	causes an ity or town, sto	Tow.	DA DA	d above TE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify) burial		22c. NAME OF CEMETERY OF Broadfording		Broadf		county)	(Stote)	•
23. FUNERAL DIRECTOR	rs signature	ADDRESS	240. REC'	D BY REGISTRAR	24b. REGISTI	RAR'S SIGNATU	RE	ieso

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely portained by the attending physician and campletely portained be detached for use as the burial-transit permit. Then please remove carbon papers. Pogither registrar priar to burial, crematian, or removal, and in any event within 72 hours after death.

in by the funeral director, and 2 shauld be filled with

M

00

VS A15 (4) 15M 9/55

	H-HALTIMORE, 12		STATIC DEPARTME	MALYSAM	
			CERTIFICA		
		Maria da Municipal Co		ded router	
	Those is			0000000	
	Calle sand			· · · · · · · · · · · · · · · · · · ·	
	TOTAL STREET	2500.2000			
		allo es alla Carette S, delle			
191		and the same	no de la la como de la	H THE THE TOTAL	figure a
	tonnin pelin			anniamic meta	
	Alle Francisco				
2 .V UA	BURE				
7301 ⊅	NON				
OBAGE	DECE		united theory	The state of the s	

VS A15 (4) 15M 9/55

M

MARYLAND	STATE DEPARTMENT	OF HEALTH-	BALTIMORE,	18
----------	------------------	------------	------------	----

11206 305 Reg. Dist. No.

		1121	6	CERTIFIC	CATE OF DEAT	Н		Reg. Dist. No	305
	PLACE OF DEATH o. COUNTY Wa	shington		MARYLAND	2. USUAL RESIDENCE (W. o. STATE Md.		lived. If institution b. COUNTY	ni Residence befor	
	b. CITY OR TOWN (I RURAL and give no Boons bo			GTH OF STAY IN 18	c. CITY OR TOWN (IF		ate limits, write RU	JRAL ond give ne	arest town)
	OR INSTITUTION	AL (If not in hospitol, give der Nursin			d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Milva	N	Middle Aae	Kinsey	4. DATE OF DEATH	Mont	tober 2	793, Year 57
5.	female	and a draw	MARRIED [NEVER MARRIED [Feb. 13,	L873 ²	AGE (In years last birthday)	Months Days	IF UNDER 24 HRS. Hours Min.
100	during most of work	ON (Give kind of work darking life, even if retired)	own	home	Boonsbor	or foreign cou	entry)	12. CITIZEN C	OF WHAT COUNTRY?
13.	FATHER'S NAME	Dallas For	ď		14. MOTHER'S MAIDEN		Prudenc	e Hutze	ell
15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FORCE: If yes, give wor or dates of servi-	S? 16. SOCIAL		Robert L. Ki	insey,	Smiths		Ad.
ATION	Conditions, if a gave rise to it cattle (a), stating lying cause last. PART II. OTP	the under- DUE TO (c)_	TIONS CONTRIB	UTING TO DEATH B	UT NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
AL CERTIFICATION		MEDICAL EXAMINER)			RED. (Enter nature of injury in				
MEDICAL	Hour o.m.	Y Month, Day, Year 19		occurred 20e.	PLACE OF INJURY IHame, for factory, street, office bldg., et	m, 20f. (City o	or town)	(County)	(State)
	21. I certify the alive on	ot I attended the de Det V3 Colection Robert			2,57 1957, to	M, from ADDRESS (Stre U. Clo	the causes ar	nd on the da	DATE SIGNED
220	BURIAL, CREMATIO	N, 22b. DATE THEREOF 19-26-57		onsboro	OR CREMATORY Cemetery		Sboro,		(State)
	FUNERAL DIRECTOR'	s signature Minnich &		Smithsb		D BY REGISTRA	AR 24b. REGIST	TRAR'S SIGNATU	Bax

A STATE OF THE PROPERTY OF THE	
	ent vitte
BUREAU V. Z.	CANADA A CAMBANA
JG1 88 102V	

1, PLACE OF DEATH o. COUNTY					2. USUAL RESID	DENCE (WI	nere deceose	d lived. If institut	on: Residence	e before ac	dmission)
Washin	gton		MARYL	AND		Mary	land	b. COUNTY	Vashi	ngtor	n
b. CITY OR TOWN (If RURAL ond give neo	rest town)	ts, write	e. LENGTH OF STAY II				outside corpo mitht	rore ilmins, write i	URAL ond gi	ive negrest	town)
d. NAME OF HOSPITA		ive street or		S	d. STREET A		MT OUT	ourg		0	RESIDENCE ON A FARM? S M NO
3. NAME OF DECEASED (Type or print)	Fir		Middle		Las	1	4. DATE OF DEATH	Moi		Doy	Yeor
5. SEX	6. COLOR OR RACE				Tine 8. DATE OF BIRTH		DEATH] (4,	207	1957 JNDER 24 HRS.
male	white	WIDOWED	DIVORCED			1880		9. AGE (In years loss birthdoy) yrs.			ours Min.
10o. USUAL OCCUPATION during most of working	(Give kind of work	done 10b. K	IND OF BUSINESS OR	INDUS	STRY 11. BIRTHPL	ACE (Stote	or foreign c	ountry)	12. CITI	ZEN OF W	HAT COUNTRY?
farm own			farm		Mar	vlan	d			U.	S.
13. FATHER'S NAME					14. MOTHER'S	A 100 Marie					
Michael K	line				Mar	v Ca	theri	ne Mau	rang		
15. WAS DECEASED EVER	IN U. S. ARMED FOR		OCIAL SECURITY NO.	17. H	NFORMANT	, ,,,,	011011		ress		
no or unknown)	yes, give war or dates of s	ervice)	none	Mrs	. Juan	ita	Weiss	s, Smith	burg	. Md	
Conditions, if on gove rise to im couse (o), stating the lying couse lost.	mediate DUE TO)	ONTRIBUTING TO DEAT	PH BUT				E CONDITION GI	VEN IN PART	1(o) 19. W	VAS AUTOPSY
PART II. OTHE 200. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour o. m.	CAUSE OF DEATH	ar 20d. IN:	Nat while	Oe. PL/	O. (Enter noture of ACE OF INJURY (Interpret) affice	Home, form	, 20f. (Cit)		(Co	ounty)	(Stote)
21. I certify the olive an OTA			-7		occurred of			the couses of treet, city or town,	nd an th		the deceosed tated obove. DATE SIGNED 26/17
PHYSICIAN'S NAME (Type) DT	. Gerald	Lev:	an			Boon	sboro	o. Md			' /
220. BURIAL, CREMATION REMOVAL (Specify)	, 226. DATE THEREC	F	22c. NAME OF CEMET	ERY O	R CREMATORY		22d. LOCA	TION (City, town,	or county)		(Stote)
burial	10/30/1	957	U.B. Ce	met	terv		Wo	lfsvil	Le. M	d.	
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			240. REC'	D BY REGIST	TRAR 24b. REGI	STRAR'S SIGI	NATURE	1
Gladhill	Co , Mi	ddle	town, Md.			DATE//	421-	57 max	Kather	mu h	agenha

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO SUFERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely per shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pot the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

I

VS A15 (4) 15M 9/55

BUREAU V. S. LEGI I NON

a	0		-		
23	.0		ō		
0	0		-		_
0	3		2	1	Ī
ö	0		12	/	
0	C/B		7		
0	- 100		U	7	
	41		-	1	
2	, P		.0	0	٥,
Q	O		5		
95	0		۵		
0			0		
0	5		400		
-	2		~		
- 60	8		÷		
>	ba-	61	ā		
O	O	三	-		
0	-		.0		
70	6	4	-		
>	. 6		3		
5	5		قد		
	- Com	Ö	-		
-	9	4dm	9		
	des	Ö	=		
£	0	e	£		
n	des	-=	-=		
0	3	20	\$		
0	TO	9	2		
-	C	d)	70		
-	O	ă	Č		
Ö	ci.	>	O		
100		O	-		
50	~	E	99		
ő	92	10	- 6		
ع	96	-	6	_	
4	Ö	90	a		
2	0	9	0	-	
2	0	4	IF	ш	
2	.=	u	-		
=	0	Ö		-	
5		2	S.		
T	œ	0_	=	10 0	P
9	_	8	- 9		
2	E	-	144	•	
8	0	ar.	-=		
×	=	4	c		
0	-	-	0		
0		3	4		
20	-55	0	0		
0	č	2	.=		
2	9	0	5		
0	FT.	0	73		
S	2.	0	0		
0		2	95		
â	m	Man Man	0		
ŭ	č	0	D		
1	-50	-	S		
1	č	-	2		
0	9	0	0		
	-	.=	9		
= 3	-	E	0		
Ė	5	9	3		
	0	ŝ	0		
00	\$	-	100		
쁘	(1)	0	3		
\leq	芒	<u>:</u>	43		
2	m	8	Ö		
ef	C	5	0		
X	-	-	-		
ш	10	0	OC.		
-4	8	ž	0		
TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please exe-	cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fuzieral director. Page 4 should be	U	E		
U	40	43	U		
5	5	_	2		
LL.	E	-	=		
2	7	0			
-	0	77	-4	-	
	0	2	V	X	
5	9	0	LUI	0	
0	4-	Cla		-	
E	0	il.		9	
0	5	6	,		
0	Ü	4		0	
F			T		

VS. A15ME(5) 5M 9/55

1	1183 MI	EDIC/	AL EXAMINE	R'S	CERTIFICA	TE OF		Reg. D	list. No	120	02/
1. PLACE OF DEATI	Washingt	on	MARYL	AND	2. USUAL RESIDENCE (V	t Virg	id lived. If Institu inia. COUNT	tion: Resid	lence bel	ore admi	ission)
and give nearest	N (If outside corporate limits, writem) (erstown	e RURAL	c. LENGTH OF STAY IF	dl b	c. CITY OR TOWN (III Mart:	outside corp		2 ,	d give n	eorest to	wn) V
	spital or institution ander Hotel I		ospital, give street address)		d. STREET ADDRESS					ON	A FARM?
3. NAME OF -DECEASED (Type or print)	Fi Joh	ın	Middle Leroy		Lightner	4. DATE OF DEATH	Month		Doy 18		907
5. SEX Male	White	WIDOW		3 .	Date of Birth July 6,1879		9. AGE (In years fast birthday) 78 yrs.	Months	Days	Hours	ER 24 HRS Min.
Pres	ident		Dale Cemeter		Union	Bridge			USA	F WHAT	COUNTRY
	am Lightner						ltabidle				
(Yes. no, or unknown)	EVER IN U. S. ARMED FO	service)	234-01-8555		rs. Jack E.	Sherra	Address 1 - R#3 Me	artin	sbur	g. V	. Va
gave rise to im (o), sloting the couse lost.	f ony, which had been desired to the couse of the couse o		Generalized	Art							
PART II. 20g. EXTERNAL PRIMARY G or CAUSE OF DEA	other significant con None	DITIONS C	ONTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	EN IN PAR		PERFO	RMED?
_	CONTRIBUTING		BE HOW INJURY OCCURR	ED. (Er	nter nature of injury in Port	I or Part II o	of item 18.)				
20c. TIME OF IN Hour o. p.	m. Name	Whi		facto	E OF INJURY (Home, farm ry, street, office bldg., etc.	20f. (City	or tawn)	(Co	unty)	-	(State)
			remains described Accident			-	spection X, determined c	Inqui ause [and	find tha
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	S. Role	ert l	Wells, M.D.		_M.D. CHIEF MEDICAL EX ASSISTANT MEDICAL DEPUTY MEDICAL I	AL EXAMINER	_		Oct.	DATE S	
220. BURIAL, CREMA REMOVAL (Spec Burial	(TION, 226. DATE THEREC		Rose Dale			22d. LOCAT	ON (City, town, o		, W	(Stote	
23. FUNERAL DIRECT	or's signature	an	ADDRESS Martinabu	rg,		D BY REGISTR	AR 24b, REGIS	TRAR'S SIG	GNATUR	E Lek	R/

CATTER OF VERIFFEE TO SHOW THE PROPERTY OF THE PARTY OF T STANFORD OF BUILDING remarks of the expension of the first of the first BUREAU V. E. OCT 28 1957 and the second second second

alang

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11218 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. county Washington Washington Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Minutes Security Hagerstown Md. RFD 6 Mid . d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Md RFD Security Md Hagerstown. YES NO 3. NAME OF 4. DATE First Middle Day Year DECEASED Phyllis Oct. 20 Mallov DEATH (Type or print) 19 Marie 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED TT DIVORCED T Female White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Ailon Co. Clearspring Md. U.S.A Dress Maker 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Carl Miles Edna Eshelman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Hagerstown, Md RF 218-24-9267Mr. Robert Malovy No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Open Fracture skull MIN IMMEDIATE CAUSE (a) DUE TO Multiple fracture ribs Canditions, if any, which Olosed fracture It. femur gave rise to immediate cause DUE TO (a), stating the underlying cause tast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? None NO E 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) Auto- train collison 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.)
R.R. Track-Security While Nat while at work at work Oct. 20,57 Rural- Hagerstown 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection x, Inquiry , and find that depth resulted from: Notural couse , Accident , Suicide . Homicide . Undetermined cause . DATE SIGNED ACTUAL M.D. CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER Oct. 21 57 **EXAMINER'S** S. Robert Wells, M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Oct. Rose Hill Cemetery Hagerstown. Parvland ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS. A15ME(5) 5M 9/55

certificate, writing the west to the Chief Medical AL DIRECTOR: Page 3 sh

BUREAU V. S.

District of Constitution

OCT 28 1957

BECEINED

Reg. Dist. No.

302

	1	-	-
	1	-	1
5 3	-	150	
į .	}	Inv	1
-	5		1
2	Ξ	-	
5	e)		
-	Ä		

requires that the death certificate be executed within 24 hours after death. Page

VS A15

192			PLACE OF DEATH						ENCE (Who	ere decease	d lived. If instituti		e before	odmissi	on)
	-			ashingto	n	MA	RYLAND	o. STATE	Maryl	and	b. COUNTY	Wash	ning	gton	1
			b. CITY OR TOWN (If RURAL ond give ne		its, write	c. LENGTH OF ST	AY IN 1b			100	prote limits, write f	URAL ond g	ive near	est town)	
			Hagers	town		4 yrs.	•	1	agers	town					
	00		d. NAME OF HOSPITA	AL (If not in hospital,	give street o	ddress)		d. STREET A						ON A	DENCE FARM?
	0.0			1111 Sal	em A	ve.		/ 1113	Sal	em A	ve.			YES 🗌	
			NAME OF DECEASED (Type or print)		rst Tir Tutt	Mid		Lost		4. DATE OF DEATH	Octo		Doy		ear = P
}		5. 1		JOHN		ERSON	-	RTIN 8. DATE OF BIRTH		DEATH	9000		26		9 57
		3.		6. COLOR OR RACE			CED			07	9. AGE (In years lost birthday)	Months	Days	Haurs	Min.
		100	Male	White	WIDOWE			August	3,18		74 yrs.	12 CITI	7511.05	NACHAT.	COLINITARY
within 72 hours ofter death.	1	100	during mast af work	ing life, even if retired representations.	1)						Frankli		JSA	WHAI	COUNTRY?
je /		13.	FATHER'S NAME			V		14 MOTHER'S			. , Penna				
s of			Abr	aham Ma	rtin			Mars	7 C.					4	
200		15.	WAS DECEASED EVER	IN U. S. ARMED FOI		SOCIAL SECURITY	NO. 17. I	NFORMANT			Add	ress		16.	
72 hours	0	"	No	T yes, give war or oares or		6-09-94	418MI	s. Nan	C. M	arti	n-1111	Saler	n A	ve.	
pie.			18. CAUSE OF DEA	TH [Enter only one co	ouse per line	e for (o), (b), and	(c).]						INTE	RVAL BET	WEEN
**			PART I. DEAT	H WAS CAUSED BY:	,	Carcino	me la	mph glan	d of	neck			ONS	T AND I	DEATH DOB
event			1984	DUE TO									1		1100
			Conditions, if on	y, which)		Arterio	scler	otic myo	cardi	al ne	art dise	386	1	Ji.	
in ony			gave rise to in	mediote ()									-	
			lying couse last.	ne under-	1										
remaval, and	2	CATION	PART II. OTH	ER SIGNIFICANT CON		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 19	. WAS A PERFOR	RMED?
or remo		CERTIFIC	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	☐ CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY	OCCURRE	D. (Enter noture of	injury in P	art I ar Par	t II of item 18.)				
		M	20c. TIME OF INJURY		or 20d IN	UURY OCCURRED	20e Pi	ACE OF INJURY (F	tone form	206 (City	. oc towal	10	aatl		(Stote)
gistrar prior to buriol, cremation,		MEDIC	Hour o.m. p.m.	None 19	While	Not while of wark	fo	None	bldg., etc.)	-	(0	ounty)		(Stole)
5			21. I certify the	ot I ottended the	deceose	d from	Dec.	1951	, to	Oct.	26 . 19 5	7.thot 1 l	ast so	w the c	deceosed
Prior			olive on			7, ond th									
Ď,				2 ~ 0	- /	7					treet, city or town,				TE SIGNED
0			ACTUAL	Pole	ret	nel	20	M D	115	N. Po	tomac St	reet		10-20	6-57
Pri	/										ν.				
stron			PHYSICIAN'S NAME (Type)	S. Robe	rt We	lls, M.D	•		Hag	ersto	wn, Mary	land			
Ď.	3	220	BURIAL, CREMATION	N, 22b. DATE THERES	OF .	22c. NAME OF C				22d. LOCA	TION (City, town,	or county)		(State)
he	1		Burial	10-28-	57	Rose H	Hill	Cemeter	У	Hag	erstown	. Mar	vle	nd	
N. N.	2	23.	FUNERAL DIRECTOR'S			ADDRESS			240. REC'S	BY REGIST	TRAR 24b REGI	STRAR'S SIG	NATUR		
4)		E	Indrew K.	Coffman	-Hage	erstown	, Mai	ryland	det.	30.F	10/614	east	12	sec	ren
		-										-			

CERTIFICATE OF BEATH Co. only parties with the parties of the last -CLAME OF THE PARTY OF THE PART AND A SHIP WAS DESIGNATED THE PARTY OF THE PARTY.

e_q

ZS6I I AON . .



The state of the s

filed with

be

shauld

carbon

mave

DIRECT

0

15M 9/55

0

funeral o

BUREAU V. E.

7561 69 TOC

comment.

關

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11186 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11212 Reg. Dist. No. 382

1. PLACE OF DEATH o. COUNTY Was	shington		MARYLAN	O STATE	ESIDENCE (W		b. COUNT	Y	e before od	
b. CITY OR TOWN (If outside and give nearest town)	e corporate limits, write	RURAL	c. LENGTH OF STAY IN 11	c. CITY C	OR TOWN (IF	outside corp	orote limits, write	11 41 45 4.2.		
Hagersto		f and in h	DOA		agerst	own			1. 10	DECIDENCE
d. NAME OF HOSPITAL O				O. SIKEEI	ADDRESS				0. 10	RESIDENCE N A FARM?
	ton Co. 1	iospi	Ital		7 S. F	otomac	St.		YES	□ NO □
3. NAME OF DECEASED (Type or print)	Willi:		Mearl.	Martin	st	4. DATE OF DEATH	Mont 10		Day	Year
							9. AGE (In years	IF UNDER 11	25	19 57 IDER 24 HRS.
	white	WIDOW	RIED NEVER MARRIED NEVER MARRIED NEVER MARRIED	3-25-1			lost birthday) 68 yrs.	-	bys Hour	1
10g. USUAL OCCUPATION (G	ive kind of work	lone 10b.	KIND OF BUSINESS OR INDU			or foreign co		12. CITIZE	N OF WHA	T COUNTRY?
during most of working life	, even if retired)									
retired gua	ard		Fairchilds	14. MOTHER	sh. Co	2 2 2 2			L.S.A.	
		33-35								
	les Mart				y Alex	ander				
15. WAS DECEASED EVER IN (Yes, no, or unknown) (If yes	, give war or dates of			INFORMANT			Address			
no			220-09-9316	Charles	W. Mar	tin	Hughson	n, Calli	f.	
Conditions, if ony, very gove rise to immediate (o), stoting the under couse lost.	DUE TO which (b) (b) (c) (c).		Acute Cordinate Contributing to DEATH BUT	vascula	ar ar	terio			(o) 19. WA	S AUTOPSY
20g. EXTERNAL CAUSE W	one 20	o. DESCRI	BE HOW INJURY OCCURRED.	(Enter nature of	injury in Port	I or Port II	of item 18.)		YES [NO K
	UTING [None							
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	Whi		ACE OF INJURY ctory, street, office none	(Home, form te bldg., etc.)	20f. (City	or town)	(Count	(y) —	(Stote)
21. I certify that I	took charge	of the	remains described ab	ove, held a	n Autopsy	/ 🔲 , In	spection X	Inquiry	T, and	find that
ACTUAL SIGNATURE	Rolee	auses	X, Accident , S	M.D. CHIEF	MEDICAL EX	AMINER [determined	cause .	DATE	SIGNED
EXAMINER'S NAME (Type)	. Robert	Wel:	ls, M.D.			XAMINER Z	_	10-28-	-57	ERI
220. BURIAL CREMATION, 2 REMOVAL (Specify) burial	2b. DATE THEREO		22c. NAME OF CEMETERY C				ION (City, town,	or county)	(SI	ote)
23. FUNERAL DIRECTOR'S SIG			ADDRESS		24a. REC'E	BY REGISTR		STRAR'S SIGN		
Fred W. Krais	ss Has	erst	own, Md.		Bet.	31.194	7 Bth	exter	goe	best

VS. A15ME(5) 5M 9/55

	FILARO F	NUMBER OF					
				THE R. P. LEWIS CO., LANSING			
		SELL DESIGNATION			16:35 0.0		
	(-						
		NUMBER OF STREET					
		4 - 4 - 4					Contract Contract
		THE ROLL FOR STREET	Y AUG.				
		White the state of					
		CAMERICA CARTA CARTA					
		13 3 PM . 7 PQ		attellant and			
					Destroy and the		
				Time ding 4			
						September 1	
					18.3	TOTAL CO.	
						70017	
					200000000000000000000000000000000000000		
					251000 000		
State of the state							
						7.260mmex.x	
90 43	_						
UREAU V. S.	and the same of th						Marie Sales
TIATION AND AND AND AND AND AND AND AND AND AN	20 (1993)114						
	alegan sept.				I chant had		
1981 -							
1957 4 VOV							
	TI SERV						
11211	UI I					Orres and	
77 (4) (5)	7						
RECEIVED	U						
	ri lerio		20.	Varioti -2		- (plant)	
						(September 1)	
				1		275.63	

ADDRESS

0 VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR

. IS RESIDENCE

YES NOW

Yeor

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO THE

(State)

DATE SIGNED

U.S.A.

(County)

BUREAU V. E.

750 G T957

en Diet No 30Z

11.100			keg. Dis	1. No.
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where decease of STATE Md	b. COUNTY Wast	
b. CITY OR TOWN (If outside corporate limits, 		c. CITY OR TOWN (If outside cars		ive nearest town)
Hagerstown	11 days	x2 rural	Smithsburg	
d. NAME OF HOSPITAL (If not in hospitol, give OR INSTITUTION Washington Cou	street address)	d. STREET ADDRESS RFD 2		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Daniel	Middle Elmer	Lost 4. DATE OF DEATH	Month N Oct. 16	Day Year
	THE PARTY OF THE P	8. DATE OF BIRTH Sarch 12, 1884	9. AGE (In years IF UNDER Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10p. USUAL OCCUPATION (Give kind of work don			country) 12 CITI	ZEN OF WHAT COUNTRY
freight handler	railroad	Middkeburg,		zer o. ma. coomin
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
John Murit	tz	Aı	nna Swisher	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes. no. or unknown) (If yes, give wor or dofes of service)		Mrs. Effie Mu	Address ritz, Smithsl	ourg, Rd2 M
	Hypertensive ca	tic heart dise	isease	la years 75 years
ICATIC		NOT RELATED TO THE TERMINAL DISEA		PERFORMED?
	6. DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I or Po	rt II at item 18.)	
A Hour o. m.	20d. INJURY OCCURRED 20e. PL/ While Not while of work at work	CE OF INJURY (Home, farm, lory, street, office bldg., etc.)	ly or town) (C	ounty) (Stale)
ACTUAL SIGNATURE PHYSICIAN'S William T.	12 57, and that death Jayman, M. D.	M.D. 100 Profess	The causes and an th Street, city or town, state)	
220. BURIAL, CREMATION. 22b. DATE THEREOF REMOVAL (Specify) 10-19-5	7 Rose Hill	CREMATORY 22d. LOC.	ation (City, lown, or county) cerstown, Md.	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGIS	TRAR 245, REGISTRAR'S SIG	NATURE
Scott F. Minnich &	Son. Hagerstow	n 119.19.19	757 KONAH	44000 Yesa

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNARAL DIRECTOR: After this certificate has been signed by the attending physician and campletely in by the funeral director, polythand be detached for use as the burial-transit permit. Then please remove carbon papers. Page if and 2 shauld the filed with the resistor prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

N

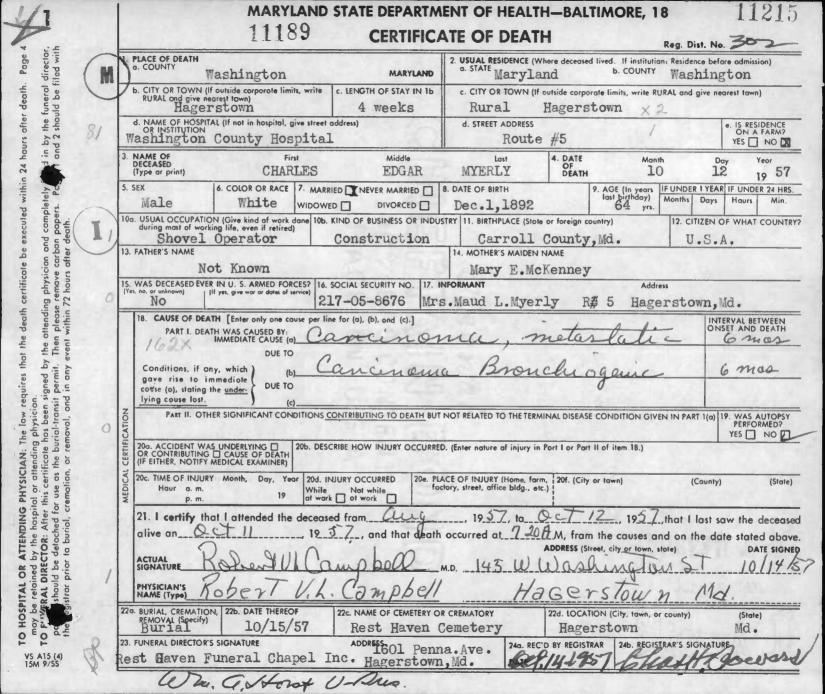
CERTIFICATE OF DEATH

south it minutes to lost is german, it does

BUREAU K. E.

OCT 22 1957





CERTIFICATE OF DEATH

STATE OF THE PARTY OF

planes.

Discourse and a service of the parties.

Server Ser

biseds that yours

OCL 16 1957

BECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

director, iled with

erol

be filed

ploods

popers compl

puo carbon

physici mave

by

DIRECTOR:

15M 9/55

0 0 Jan

1

per

deoth.

off

	The authorities	0, 7,	apply address
	ar aver	sheni	alverage St. Sandic
	and and		on the second of the second of
Angel Tutzolla	2016	[Dream	No breate FE 2
		Free and the second	
			Man and and And
	Maria Salaton	Control of the Contro	
BUREAU V.			September 1
2961			
rend and	etch.	10.1 10141	re-ri-ct labele
MEGETAL		recent to the	mea facility (1884)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

director, iled with

death. uneral

filed

pe

should

=

camplete

popers.

70

20

shoul

ö 0

VS A15 (4)

py ony

gned

200 San Jaco gue	TE OF DEATH	CERTIFICA		
not minute.	to the feet to the feet of the		not politica.	
		STATE OF THE STATE OF		
and the same of the same	A Secretary			D'HIE
			The blacklines	
The section				
	dia e com	Tables of the same of the same	altill .	
	A Control of the Cont	a manio tradi		A 347 10
	nvording		terliment	
			representation in the con-	
No. of the state o	adimenti unot .as	5 - I - 8098-13-5F3		
BUREAU K.				
7561 81 TOO				
BECEINE				
7/1/15/2) 3/10/				F-i

filed with

pe

shauld

2

cample

physici гетоме

ottending

py permit.

signed

DIRECTOR:

0

VS A15 (4) 15M 9/55

P shoul puo

burial-tronsit peen

0

04

deoth. eral

			g a	
		R H THE STREET		
			e il materiale co	
	TABLE BARRETS			
ation by the				
SUREAU V. S.	and the same of		and a second to the set of	
Z961 60 IJJ				
BECEINED				
	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	n Paul .se		45

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Washington

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO Z

(Stote)

USA

Day

23

Doys

(County)

. IS RESIDENCE ON A FARM?

YES NO T

Yeor

1957

CEATHFIGATE OF DEATH AS A SECOND CONTRACT OF SECOND

Were surprised by

A company of the contract of t

OCT 30 1957

BECEIVED

Casac Value (Land Value Value

)e 4		for,	with	4
h: Pag		ol direc	filed v	
er dea		e funer	onld be	(
oors of		a by th	nd 2 sh	
n 24 he		D.	0	
d withi		pletely	rs. Pe	
execute		d camp	n pape	death.
ate be		Cian an	corbo	s ofter
certific		g physi	remove	72 hour
death	:	Hendin	please	within 7
hot the		y the o	. Then	event
quires !		igned t	permit	I in ony
low re	ysician	peen s	-transit	ral, onc
N: The	ding ph	ote hos	e buriol	r remay
YSICIA	r offen	certific	e os the	otian, o
Hd DZ	spital o	er this	for us	, cremo
TENDI	the ho	OR: AF	etochec	burial o
OR AT	ined by	DIRECT	ld be d	prior to
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death: Page 4	moy be retained by the hospital or attending physician.	TO FINERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely ad in by the funeral director,	should be detoched for use as the burial-transit permit. Then please remove carbon papers. Put and 2 should be filed with	the registror prior to burial, crematian, or remayal, and in any event within 72 hours ofter death.
0 40	moy	2	Do	there

VS A15 (4) 15M 9/55

2281337XV4

	111	91	CERTIFIC	CATE OF DEATH	1		Reg. Dist. No.	302
1. PLACE OF DEATH o. COUNTY Wa	shington		MARYLANG	2. USUAL RESIDENCE (Who o. STATE Maryla				e admission)
b. CITY OR TOWN (RURAL and give n	(If autside carporate lin	nits, write	c. LENGTH OF STAY IN 1	4		rate limits, write RUI		1
Hagersto d. NAME OF HOSPI OR INSTITUTION		give street o	2 days	d. STREET ADDRESS	L Hage	rstown	1	. IS RESIDENCE ON A FARM? YES NO F
3. NAME OF DECEASED (Type or print)		irst	Middle MARTA	Lost	4. DATE OF DEATH	Month	Do;	y Yeor
5. SEX	6. COLOR OR RACE	7. MARRII	D NEVER MARRIED	8. DATE OF BIRTH		1		IF UNDER 24 HRS.
Female	white	WIDOWED	DIVORCED [October 9, 19	957	yrs.	Months Days	Hours Min.
10o. USUAL OCCUPATION during most of war none 13. FATHER'S NAME	ON (Give kind of work rking life, even if retire	done 10b. K	IND OF BUSINESS OR IN	Hagerstov 14 MOTHER'S MAIDEN N	m, Ma			F WHAT COUNTRY
Ja	mes J. Qui	nn		Jea	anne :	E. Clark		
15. WAS DECEASED EVE			OCIAL SECURITY NO. 17	. INFORMANT		Addres	35	
no	(If yes, give war or dates of		none	Mr. James J. (Quinn	Hagerst	own, Md.	
Conditions, if of gove rise to it couse (a), stoting lying couse lost.	immediate DUE T	O (b)					20	day
200. ACCIDENT W	AS UNDERLYING []	20b. DESC		RED. (Enter noture of injury in P			1 IN PART 1(0) 15	P. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJUST Hour o. m. p. m.	MEDICAL EXAMINER)		Not while_	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	20f. (City	or town)	(Caunty)	(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATIC REMOVAL (Specify	SEARL DN, 22b. DATE THER	11/0	UNG P	M.D. Hage	_M, from ADDRESS (Str	ION (City, town, or	d an the dat	
REMOVAL (Specify Burial 23. SUNERAL DIRECTOR Suter-Rou	10/12/1 rs signature zer Funera	957 1 Home	Rose Hill C ADDRESS Hagerstown,	emetery 240. REC'S		erstown,	2.0	

Se Diffe Jeanno I. Warke true de la contra The construction of the construction of BUREAU V. S. OCT I 5 1957

e. IS RESIDENCE

ON A FARM?

YES NO

Yeor

19

PERFORMED? YES NO

(Stote)

(Stole)

within 24 VS A15 (4)

REVIAND STATE DEPARTMENT OF HEALTH-BALINOUSE, IB

The state of the s

delingates all can in beautiful TO St.

OCL 30 1821

M

00

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

11999

		116	60		CLIVI	1110	712 01	2571			Reg. D	ist. No	. 00	2
1,	PLACE OF DEATH						2. USUAL RE	SIDENCE (V	here decease	d lived. If instituti		nce befo	re admiss	ion)
		HINGTON			MAR	YLAND	o. STATE MARYI	AND.		b. COUNTY	SHIN	GTO	N -	
	b. CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENG	GTH OF STAY	IN 1b			outside corpo	prote limits, write R	URAL ond	give ne	arest town	1)
	APPLET			7	YEARS	2	YAADT	PLETO	INT DIT	RAL				
-	d. NAME OF HOSPITA			oddress)	TEACH			ADDRESS	MIN INU	DAL			e, IS RES	IDENCE
	OR INSTITUTION	NSBORO MI) PO	मगा	2		1	BOONS	POPO	MD. ROUT	F 2			FARM?
3	NAME OF	Fig		UII	Middle			ost	4. DATE	Mor		Do		Year
	DECEASED (Type or print)	CLARENCI		T	11110011		ICE	.031	OF DEATH			_		19
-	SEX	6. COLOR OR RACE	T	HI .	NEVER MARR	-	B. DATE OF BI	RTH		9. AGE (In years	195			ER 24 HRS.
	MALE		WIDOW		DIVORCE			0.10	13	last birthday)	Months	Doys	Hours	Min.
100	. USUAL OCCUPATIO	WHITE					MARCH	PLACE (Stot	or foreign	46 yrs.	12 0	TIZEN C	E WHAT	COUNTRY?
100	during most of worki	ng life, even if retired)				JIKI IV. BIKIV							
12	FATHER'S NAME	IVER WAS	1.00	ROA	D DE	PT.	I LOC		GROVE	WASH.C	OIMD	. U	.8.1	1
13.	No. of the last of						14. MOTHER							
		UEL C.RIC				- 1.5	MET	A M.	CROWL					
	WAS DECEASED EVER	IN U. S. ARMED FOR I yes, give wor or dates of t		SOCIAL	SECURITY NO	0. 17. 1	NFORMANT			Add	ress			
	NO		2	17-1	0-367		RS GR	CE R	ICE B	OONSBOR	O MD	RO	UTE	I.
		TH [Enter only one co	iuse per li	ne for (a)), (b), and (c)]	M		1				ERVAL BE	
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (c)	07	tora	241	Var	trul	Lose	7			24	na.
	420.1	DUE TO				1								
	Conditions, if on)											
	gove rise to in cause (a), slating t	mediate (
	lying cause last.) (c	1				Alle and							
O	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIB	UTING TO DE	EATH BUT	NOT RELATED	TO THE TERA	AINAL DISEAS	E CONDITION GIV	EN IN PA	RT I(a)	9. WAS	AUTOPSY RMED?
CAT													YES	
CERTIFICATION	20a. ACCIDENT WAS	UNDERLYING DEATH	20b. DES	CRIBE HO	OW INJURY C	OCCURRE	D. (Enter nature	of injury in	Part I or Pa	rt II of item 18.)				
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)												
MEDICAL	20c. TIME OF INJURY	Month, Day, Ye	or 20d. I	NJURY O	CCURRED		ACE OF INJURY			y or town)		(County)		(Stote)
4ED1	Hour o.m. p.m.	19	While at wor		t while work	fa	ctory, street, aff	ice bldg., el	(c.)					
<			_		4 4	19	201	7. 1	11 0	100	1			
	6 ./	at lattended the	deceas	ed from			ريوا ,	1-, 10-0	20 1	,				deceased
	alive on Ott	705	, 191		, ond tho	t déoth	occurred o	180		m the couses o		the do		
	ACTUAL	6/11/	41	m	7 -			13-	ADDRESS (S	itret, city or town,	state)		10	ATE SIGNED
	SIGNATURE	JAN K	W	W	4_		M.D	wo	(na	1000				11177
	PHYSICIAN'S	G.W.	DI	Jar	2					10	. ~			
	NAME (Type)	(3-10-1)	7.		\					PV	4			
220	REMOVAL (Specify)						R CREMATORY			TION (City, town,			(Stat	
	BURIAL	OCT.12	195		DCUST	GRO	VE CEN	ETRE	A roc		-		.CO.	V
23.	FUNERAL DIRECTOR'S	SIGNATURE	(2)	AC	DRESS		nul	24a. REC	D BY REGIS	TRAR 246. REGI	STRAR'S	GNATU	RE)	V.

CERTIFICATE OF DEATH

BUREAU V. S.

UCL 16 1957

DECENTED

VS A15 (4) 15M 9/SS

00

11223

	11192	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No. 302
PLACE OF DEATH o. COUNTY Washing	ton	· MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Maryls	ere deceased lived. If institution b. COUNTY	
b. CITY OR TOWN (If outside RURAL and give nearest to Hagerstown	own)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write RUF	(AL and give nearest town)
d. NAME OF HOSPITAL (IF OR INSTITUTION 621 Guilford	not in hospital, give street	No.	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) RUTH	First	MARGUER TTE	RICKRODE	4. DATE Month OF DEATH Octobe	Day Year 10 1957
	olor or RACE 7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH January 11,		FUNDER 1 YEAR IF UNDER 24 HR Wonths Doys Hours Min.
o. USUAL OCCUPATION (Giv during most of working life housewife FATHER'S NAME	e kind of work done 10b, , even if retired)	KIND OF BUSINESS OR INDU	Chambersb	urg, Pa.	U.S.A.
Adam (SOCIAL SECURITY NO. 117	14. MOTHER'S MAIDEN N MARY	Wise	
Yes, no. or unknown) (If yes, gr	ve war ar dates of service)	none M	r. Louis Rick	rode Hagersto	
Conditions, if ony, wh gove rise to immedicouse (o), stoting the unslying couse lost. PART II. OTHER SIG	ote der- CC (c)	Extensive Contributing to DEATH BUT	Verduva Vernom NOT RELATED TO THE TERMIN	SCUR BUSEON LOTE NAL DISEASE CONDITION GIVEN	Sylva Sylva N IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES \(\) NO E
PART II. OTHER SIG	USE OF DEATH AL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	Port I or Part II of item 18.)	
20c. TIME OF INJURY Mor Hour o. m. p. m.	While	rk Ot while	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	, 20f. (City or town)	(County) (State
21. I certify that I a alive on	itended the decease	_	occurred at 4 K		that I last saw the decear d an the date stated aba fie) DATE SIGN SCOTTONS WA
PHYSICIAN'S NAME (Type)	•				

HTARCRO REPRESENTE OF DEATH OCL I2 1025

and a second of the second of



CEPTIFICATE OF DEATH

11130	<i></i>		Reg. Dis	it. No. 382
PLACE OF DEATH O COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marvland	ere deceased lived. If institution: Resident b. COUNTY Washington	ce before admission)
b, CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	stside corporate limits, write RURAL and q	give nearest town)
Hagerstown	15 Yrs	Hagersto	own	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
51 West Franklin St		51 West I	Franklin St	YES NO
3. NAME OF DECEASED (Type or print) RETTE	Middle	RUBE N	4. DATE Month OF DEATH OCT 9 1	Day Yeor 957 19
	ED NEVER MARRIED	B. DATE OF BIRTH		1 YEAR IF UNDER 24 HRS
Femlake White WIDOWE		June 2 1893	3 lost birthdoy) Manths	Days Haurs Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	KIND OF BUSINESS OR INDUS		or foreign country) 12. CIT	IZEN OF WHAT COUNTE
Houeswork	Own Home	Hagerstov	vn Wash. Co Md.	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Max Ruben		Lena S	Simon	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 9 (Yes, no or unknown) [(If yes, give war or dates of service)		NFORMANT	Address	
No	None As		en 1133 Hamilton	Blvd
1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (0), (b), and (c).]	Column		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which by (b)	y fateurice	Cordiovesa	el desirace	4400.
gove rise to immediate couse (a), stating the under-lying cause last.	Suspected	Corcinomo	- of overy.	21110.
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	nal disease condition given in Pari	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	D. (Enter nature af injury in P	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p. m. 19 White of work	Not while fac	ACE OF INJURY (Home, farm, street, office bldg., etc.)		County) (State
21. I certify that lattended the decease alive on 1999 ACTUAL SIGNATURE PHYSICIAN'S	ed fram. Lev. 23	a mid lan	M, fram the causes and an the ADDRESS (Street, city or town, store)	ast saw the decease date stated abor DATE SIGN
20. BURIAL, CREMATION, REMOVAL (Specify) Burial Od 11-1957	22c. NAME OF CEMETERY OF B Na.i Abral		22d. LOCATION (City, tawn, or county)	(Stote)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS CETSTOWN Md.		BY REGISTRAR 24b. REGISTRAR'S SIC	NATURE MA

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 in by the funeral director, and 2 shauld be filed with may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely por should be detached for use as the burial-transit permit. Then please remove carbon papers. Pd the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.

M

THE STATE OF THE S			TO THE	
	dior to t		200	
	Out 1 2 2 2 1 4 2		is on the second	
			ZITTE	
		Con-water		
			DE ST	
Head The state of the				
	TORKS TORK			
Del sotilule La	African Se non		TATE OF THE PARTY.	
	THE RESIDENCE OF THE			
	The second			
		Promise March 1920		
	and the same	Promise March 1920		
	and the same	Promise March 1920		
	and the same	Promise March 1920		
	and the same	Promise March 1920		
	and the same	Promise March 1920		
		Promise March 1920		
EUREAU V.				
BUREAU V. S				
EUREAU V.				
S V UNARU V. S				
S V UNARU V. S				
S V UNEAU V. S				

VS A1S (4) 15M 9/55

MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

TIFICATE	OF	DEATH
?	RTIFICATE	RTIFICATE OF

11225 Reg. Dist. No. 382

1. PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence o, STATE B. COUNTYWASHI	e befare odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and g	ive nearest town)
Razerstewn M4. 60 vrs.	03 Magerstewn Maryland	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	, d. STREET ADDRESS	e. IS RESIDENCE
136 William Ave.	136 William Ave.	YES NOT
3. NAME OF First Middle	Last 4. DATE Manth	Day Yeor
(Type or print) Curbia Kenry	Seett OF DEATH 100	28 19 57
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER	YEAR IF UNDER 24 HRS.
Male Colored WIDOWED TO DIVORCED	I fact high it and	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDI	200 20 20 20 70	ZÉN OF WHAT COUNTRY?
during most of working life, even if retired) Janiter Private famil:		SA.
13. FATHER'S NAME	J4 MOTHER'S MAIDEN NAME	78%
George Scott	Mary Waters	
	INFORMANT Address	
(Yes, no, or unknown) (If yes, give war or dates of service)	ane Scott 136 William Ave	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	OBS DOOR OF WALLE IN	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	1 Acchaecas	ONSET AND DEATH
1420.0 DUE TO	y or commen	J. Ch was ser
Conditions if any which	and is beaut diserna	
gave rise to immediate	carrie auri custure	1 yer
lying cause lost.	uve vascular diseuso.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY
Fossible preumaconain	- or hulmanary Cust	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 2004. ACCIDENT WAS UNDERLYING ET 2004. ACCIDENT WAS UNDERLYING ET OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I ar Part II of item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. P	PLACE OF INJURY (Home, farm, 20f. (City or tawn) (Co	ounty) (State)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while of work of work	actary, street, office bldg., etc.)	
21. 1 certify that I attended the deceased from Ha) 1	, 1955, to OCT. 28, 1957, that I lo	not care the deceased
10 4 20	200	
dive dii se di dedi	h accurred at	e date stated above. DATE SIGNED
SIGNATURE Cheard W. 4/18074	MD	10/20/-2
	_M.U	
PHYSICIAN'S Edward W. Ditto 111, M.D.	217 W. Washington St. Hager	stown. Md.
220. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OF		(Stote)
REMOVAL (Specify)	Cometery Hagerstewn Maryl	and the second of the second o
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	245 REC'D BY REGISTRAR 245 REGISTRAR'S SIG	
John R Watson & House storing	2 mg Bow 1. 1957 Khost	Bowers/
	The state of the s	

HEAD TO STADISTED	April	
		merca Long
THE RESERVE OF THE PARTY OF THE		
TO DESCRIPTION OF THE PERSON NAMED IN		
THE RESERVE OF THE PARTY OF THE		
ACT RESTREE BY SERVICE AND STREET OF STREET		11 15 AND 1
TARRE Search 136 William Are		
BUREAU V. S.		
2961 ₹ NON	- X X	
DESEINEU	i (Li	negatie verde del Maria del Carlo

in by the funeral directar, and 2 should be filed with

shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. istror prior to burial, cremation, or removal, and in any event within 72 hours, offer death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11195 **CERTIFICATE OF DEATH**

			11	22
Rea.	Dist.	No.	1 1	1.1.

										. 110.	See See See See
1. PLACE OF DEATH O. COUNTY Washington MARYLAND					- 11	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)			N 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown							
Hagerstown Life									1		
(OR INSTITUTION	PITAL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS			17333	e. IS RESIDENCE ON A FARM?	
Wa:		County Hosp	ital			404 Li	inganor	e Ave.			S NO X
3. N	NAME OF	Fir	st	Middle		Last	4. DATE OF	Mon	th	Day	Year
	Type or print)	HERM	AN	DAVID		SHANK	DEATH	10)	16	19 67
5. S		6. COLOR OR RACE	7. MARE	NEVER MARRIE		DATE OF BIRTH		9. AGE (In years last birthday)		-	NDER 24 HRS.
	Male	White	WIDOW			June 13,190		51 yrs.	Months	Days Ho	ors Min.
10a.	USUAL OCCUPAT	TION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OF	RINDUSTR	11. BIRTHPLACE (SIO	te or foreign co	ountry)	12. CITIZ	EN OF W	HAT COUNTRY
		lving statio		Dairy	Person	Hagersto	own, Md.		U	.S.A.	
13. 1	FATHER'S NAME				10	14. MOTHER'S MAIDEN		ke marina			
	Willi	la m S.Shank				Nettie	C.Carb	augh			
	WAS DECEASED EN	VER IN U. S. ARMED FOR 1 (If yes, give wor or dates of s	ervice)					Addi			M
	No		2.	14-09-0049	Mrs.	Herman Shar	nk 404	Linganon	re Ave	· Hag	erstown
		EATH [Enter only one co		ne for (o), (b), and (c).	735		7=11=172			INTERVAL	L BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction. ONSET AND DEATH 1/2 hour										
	420. / DUE TO										
	Conditions, if ony, which gove rise to immediate (b) Coronary Atherosclerosis Unknown.						nown.				
	gove rise to couse (o), stotin		Will.								
	lying cause los	1.)								
TO	PART II. O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. W	REPORMED?
ŏ.										YEŞ	NO D
	20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED. (Enter noture of injury is	n Port I or Port	t II of item 1B.)			
MEDICAL		URY Month, Day, Ye			20e. PLACE	OF INJURY (Home, for	rm, 20f. (City	or town)	(Co	unty)	(State)
WED	Hour a.m	10	While of wor	k of work	100101	y, sireer, office blog., e	,ic.,j				
	21. 1 certify	that I attended the	deceas	ed from 8.1.	34	19 ta	10.16.	57., 19	that I la	ist saw t	he deceased
	alive an 1	4 .4	, 19		death o	ccurred a8.30	AM from	the causes of	nd on the	date si	tated above
		06 1	41					reet, city or town,		date si	DATE SIGNED
	ACTUAL SIGNATURE	Nan!	10	ung/h	MI						
		1	10	01							
	PHYSICIAN'S NAME (Type)	S. Barl Y	oung	M.D.	148	N. Potomac S	st. Ha	gerstown	Md.		
220.	BURIAL, CREMAT	ION, 22b. DATE THEREC	F	22c. NAME OF CEME	TERY OR C	REMATORY	22d. LOCAT	ION (City, town, o	or county)	(Stote)
	REMOVAL (Specific Burial	10/18/5	7	Resadfo	rding	Cemetery	Broad	fording,	Washin	gton	Co.Md.
	FUNERAL DIRECTO			ADDRESS			C'D BY REGIST	RAR 24b. REGIS	TRAR'S SIGN	NATURE	
Res	st Haven	Funeral Cha	pel :	Inc.1601 Per	nna.	Ave.	7/8.193	7 lote	2017	20	more

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page may be retained by the hospital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely CERTIFICATE OF BEATH

BUREAU V. S.

JC1 SI 1957

SECENTED

1
remotian,
burial, o
files. ar prior to
fo pr
retained 12 with t
e 5 may be retained for yr files.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11221

11227

24b. REGISTRAR'S SIGNATURE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1_	, 110	10 %							Reg. Di	st. No.	305	•
1.	PLACE OF DEATH	W= 1 ·				2. USUAL RESIDENCE (V		lived. If institu)
-		Washingto		MARYLAN		PRET	yland		Merbit			
	 b. CITY OR TOWN (I ond give nearest town 	t autside corporate limits, writen)	RURAL	c. LENGTH OF STAY IN 1	Ь	c. CITY OR TOWN (II	f outside corpor	role limits, write	RURAL and	give nec	prest town)	
L	Rural	Boonsboro		Life		K/ Rural Mo	onree-	R # 1	Boonsb	oro		
	d. NAME OF HOSPIT	TAL OR INSTITUTION (If not in ho	spital, give street address)		d. STREET ADDRESS R # 1					e. IS RESIDE ON A FA YES N	RM?
3.	NAME OF	Fir	st .	Middle		Last	4. DATE	Mont	h	Day	Year	
	(Type or print)	Ralph Ot	ho Ja	mes Shifl	er		OF DEATH		. 12	/	195	7
5.	SEX			ED NEVER MARRIED		ATE OF BIRTH	10	AGE (In years	IF UNDER 1	YEAR! I	F UNDER 24	_
	Male	White	WIDOWE		10.0	Dec. 7,189		last birthday)	. 1		Hours Min	-
30	- USUAL OCCURATE				LICTOV			63 yrs.	100 0000			
100	during most of working	ng life, even if refired)	done 10b.	KIND OF BUSINESS OR IND	USIKY	11. BIRTHPLACE (Slote	or foreign cou	niry)	12. CITIZ		WHAT COU	NTRY?
	Retire	d Farmer		Self employe	bd	Boonsb	oro, Md	R # 1		USA		
13	. FATHER'S NAME	011	:03		1	4. MOTHER'S MAIDEN I	NAME		Though			
9		Otho Shi	fler			Arbel:	ia Doub					
15	. WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17	. INF	DRMANT		Address	100			
11.0	Yes	(If yes, give war or dates of	service)		M	r. Ralph E.	Shifle	r - Hal	fway.	Hage	erstow	n,M
=		TH [Enter only one cau	se per line	for (a) (b) and (c))		1				_	AL BETWEEN	
		TH WAS CAUSED BY:								ONSET	AND DEATH	
	F2 60	IMMEDIATE CAUSE (0)		Suffocation 1	DY	nanging			200			
	114X	DUE TO								120		
	Conditions, if o											
	(o), sloting the											
	couse lost.	(c)										
No	PART II, OTI			ONTRIBUTING TO DEATH BL	ITNO	T RELATED TO THE TERM	INALDISEASE C	ONDITION GIV	EN IN PART	1(0) 19.		
N. S.	m 1 37 /	none								YE	PERFORMET) X
TIFIC	20a. EXTERNAL CAL	USE WAS 20	b. DESCRIB	E HOW INJURY OCCURRED	. (Ente	or noture of injury in Par	t I or Port II of	item 18.)				
CERTIFICATION	PRIMARY or CO	NIRIBUTING 🗆		langed self in								
	20c. TIME OF INJU	RY Month, Day, Yea				OF INJURY (Home, form		town)	(Cour	ntwl	151	ote)
MEDICAL	Hour 30300K		_ Whil	a Not while	oclory	, street, office bidg., etc.	1 1	al Boon				
X	O p. m.	Oct. 12197	-	ork ot work	Fa			ar boon	BUUTO,	H CL	bit • 140	
				remains described a				pectian 4.	Inquiry		and find	that
	death resulted	fram: Natural	causes [, Accident , S	ouicio	de A Hamicide	, Und	etermined o	ause .	YAT		
		200	2 ~	1								
	ACTUAL SIGNATURE	, Tote	er	wello		CHIEF MEDICAL EX	CAMINER [44	DATE SIGNS	D
						ASSISTANT MEDIC	AL EXAMINER I	7	145-7	- 1		
	EXAMINER'S NAME (Type)	S. Rob	ert V	Wells, M.D.		DEPUTY MEDICAL			10-	-14-5	57	
220	BURIAL, CREMATIC REMOVAL (Specify)	N, 226. DATE THEREO	F	22c. NAME OF CEMETERY	OR CR	EMATORY	22d. LOCATIO	ON (City, town,	or county)		(State)	
	Burial	10-15-5	7	Boonsboro Co	eme	terv	Boon	sboro,	Maryla	and		
23.	FUNERAL DIRECTOR			ADDRESS				R 24b. REGIS			- 0	

VS. A15ME(S) 5M 9/55

BUREAU K. E.

7501 71 TOO

RECEIVED

death.

within

certificate

that

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CV C MAN ME		HTARO RO B			
Story dated		The Children of the Children o			
		f stroll			
	51 10		and the	apit talt	
		of 21, 1876	Den O		
• • p		A CONTRACTOR H			
	west in				or alto
	C 83				
	21				Carled to Committee on the Carles of Carles on the Carles of Carle
V UAIRU				2/23	The second
2961 > AUL		1	T. A. Standar	2 2	or tracem
english si	14 1300				Printer . W Lott

VS A15 (4) 15M 9/SS M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11196 CERTIFICATE OF DEATH

		1	1	2	2	9
Reg.	Dist.	No.	-			

1	1. PLACE OF DEATH 0. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Maryla	- L COUNTY	Washington				
/	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	RURAL and give nearest town)							
,	d. NAME OF HOSPITAL (If not in hospital, give street of NASTITUTION Washington County Hos	oddress) Spital	d. STREET ADDRESS 735 DE	ale St.	is residence on a farma- yes no				
	3. NAME OF First DECEASED (Type or print) JEAN	Middle MAY	SISLER	4. DATE Mont OF DEATH 1(
	S. SEX 6. COLOR OR RACE 7. MARR Female White WIDOWE	IED NEVER MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 1/9/41	9. AGE (In years last birthday) 16 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.				
	10b. USUAL OCCUPATION (Give kind of work done lob. during most of working life, even if retired) Student	kind of Business or Indus High School		or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N						
	Frances E.Sisler Sr.		Mildred	May Wolfe					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT	Addr	ess				
)	No	None Mr	Frances E.Sis	sler R #1 Hag	gerstown, Md.				
	DUE TO Conditions, if any, which gave rise to immediate coesse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS COESTITUTE CONTINUES COESTITUTE CAUSE (b).		NOT RELATED TO THE TERMI		EN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO NO				
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in I	Part I or Part II of item 18.)					
	Hour o.m. While		ACE OF INJURY (Hame, farm tary, street, affice bldg., etc.		(Caunty) (State)				
	21. I certify that I affended the decease alive an	and that death	M.D. W. Solomac 101 E. Potomac	M, from the causes a ADDRESS (Street, city or town, St. Williams por	ted cofiffs,				
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BURIA 1 10/20/57	22c. NAME OF CEMETERY O		228 LOCATION (City, town, o					
		Rest Haven		Hagerstown	Md.				
	23. FUNERAL DIRECTOR'S SIGNATURE Rest Haven Funeral Chapel	ADDRESS The 1601 Penns		D BY REGISTRAR 24b. DEGIS	TRAR'S SIGNATURE				
	meso naven runeral chaper .	THE TOOT LEITH	a.Ave.	14143 1401	BAHEARO LORO!				

Hagerstown, Md.

		441.54				
A District		ar and				
		A POLITICAL PROPERTY OF THE PARTY OF THE PAR				
					on and the on-	
			TO THE MANAGE	a co Commonwood		
					1	
		dam accu-				
N A R	POC S	0				
DEA	IZOZI Poc SANA		payordigit La waters and sets		12 (12 (12 (12 (12 (12 (12 (12 (12 (12 (procession produced
Sale Carl			Parket In	ar de la		

CERTIFICATE OF DEATH 11226

11230 No. -305 Reg. Dist. No.

11200				
PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYLAND)	ere deceased lived. If institution, Residence b, COUNTY WASHINGTO	befare admission)
b. CITY OR TOWN (If outside carporate limits, write	c. LENGTH OF STAY IN 16		utside carporate limits, write RURAL and gi	ve nearest fown)
RURAL ond give nearest town) BOONSBORO	23 YEARS	X2 BOONSBOR	0	
d. NAME OF HOSPITAL (If not in hospital, give street		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
OR INSTITUTION HIGH STREET		HIGH STR	EET	YES NO W
NAME OF First	Middle	last	4. DATE Month	Day Year
(Type or print) MARY	ELLEN	SMITH	OF	957 19
	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER I	YEAR IF UNDER 24 HRS
FEMALE WHITE WIDOW		JUNE 2 1866	lost birthday) Months 5	Days Haurs Min.
Da. USUAL OCCUPATION (Give kind of work dane 10b.				EN OF WHAT COUNTS
during most of working life, even if retired) HOUSE KEEPER	OWN HOME	NEAR BOON	SBORO WASH.CO.MD	. U.S.A.
FATHER'S NAME	OWIN TIOPILE	14. MOTHER'S MAIDEN N		· U.D.A.
ANDREW W.SMITH		ELIZABETH	DATMED	
	SOCIAL SECURITY NO. 17. I	INFORMANT	Address	
(If yes, give war or dates of service)	NONE R	OY SMITH HI	GH ST.BOONSBORO	MD.
18. CAUSE OF DEATH [Enter only one cause per Ji		1 /=		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ne tar (a), (b), and (c).	1 netoria	selensis	ONSET AND DEATH
IMMEDIATE CAUSE (a)	one arrive	avenue		3 gr
400.0 DUE TO				
Canditions, if ony, which) (b)				
gove rise to immediate cause (o), stating the under-				
lying couse last.				
PART II. OTHER SIGNIFICANT CONDITIONS. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	'art 1 ar Part II of item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. I Hour o. m. While p. m. 19	Nat while fa	ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.		ounty) (State
21. I certify that attended the decease	sed from (218 16	195/ 100	U 18 194 that I le	ost saw the deceas
alive an A-CC 17 195	7		M, fram the causes and an the	
	T'-, and mar dean		ADDRESS (Street, any or town, state)	DATE SIGN
ACTUAL SIGNATURE	an	M.D. 3	ondon	10/19
PHYSICIAN'S G. WILLU	an		mol	, //
20. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, or county)	(Stote)
REMBURIAL OCT.20 195	1	CEMETERY	BOONSBORO WASH.C	
. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'I	BY REGISTRAR 246. REGISTRAR'S SIGI	NATURE A

d in by the funeral director, I and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely provided by the attending physicion and campletely should be detached for use as the burial-transit permit. Then please remove carbon papers. Populative agistrar prior to burial, cremation, ar remayal, and in any event within 72 hours after degith.

M

00

I

VS AFS (4) F5M 9/55

TALTIMORE, 18	-HILLASK 30 TVI	TATE DEPARTME	ARYLAND S	M. Carrier Land
And the second second	ATE OF DEATH			

	A331_S CUT			
				The second of
100 July 100 100 100 100 100 100 100 100 100 10	STEETING Y			
			Part of the second	THE COLUMN TWO IS NOT
				Special and the second
POWER STATE				Care Mile o haried by
BUREAU Y. S.		om stant k		effection (top 1 of 1)
Cael Se 135				
N3 VIZIS SIGN	a count	OHORRES	Table 50	
THE STATE OF THE S				

CERTIFICATE OF PEACE

DESCRIPTION OF

BUREAU V. S.

OCL 11 1957

DECEIVED

V5 A15 (4) 15M 9/55 帽

00

		1122	8	CERTI	FICA	ATE OF DEAT	ГН		Reg.	Dist. No	12	32
1	o. COUNTY Washi	ngton		MARY	LAND	2. USUAL RESIDENCE (o. STATE Mary	Where deceas	ed lived. If institut b. COUNTY			ore odmis	
	b. CITY OR TOWN (If outside RURAL ond give nearest to Sharpsburg	corporate limits	, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (f outside corp	orote limits, write l		d give ne	earest tow	n) /
	d. NAME OF HOSPITAL (If no OR INSTITUTION 116 E. Maj	n Stre		ddress)		d. STREET ADDRESS	Main	Street			o. IS RES	SIDENCE FARM? NO
3	NAME OF DECEASED (Type or print)	DAISY		Midöle		SWAIN	4. DATE OF DEATI	oct		20	,	Year 19 57
	Female Whi	te	WIDOWE	The same of the sa	D [L8 71	9. AGE (In years last birthday) 00 yrs.	Month		R IF UND Hours	ER 24 HRS. Min.
L	Oo. USUAL OCCUPATION (Give during most of working life, HOUSEWIFE FATHER'S NAME	kind of work do even if retired)		IONE	OR INDU	Sharps	ourg 1	country)		USA		COUNTRY?
19	. WAS DECEASED EVER IN U.	on Swa	E57 16. 5	OCIAL SECURITY NO). 17. 11	NFORMANT	Elizab	eth Hig			in	Q.L
CESTIEICATION	Conditions, if ony, whi gove rise to immedic cause (o), stating the und lying cause lost.	DUE TO ch be DUE TO (b) DUE TO (c) (c) NIFICANT COND	ITIONS CO	Broncho- Influenz DINTRIBUTING TO DE. TIOSCIET	ATH BUT	NOT RELATED TO THE TER				ART 1(a)	Wee	
MEDICAL CEPTIES		SE OF DEATH		JURY OCCURRED Not while	20e. PL/	D. (Enter nature af injury ACE OF INJURY (Home, fo story, street, office bldg.,	irm, 20f. (Ci	ly or tawn)		(County)		(State)
	21. I certify that I at alive on OCt. 2 ACTUAL SIGNATURE WARPHYSICIAN'S NAME (Type)	0, 195	7 19		all 1	r 7 19 57, to accurred at 3 A	ADDRESS (er 20, 5 m the causes of Street, city or town, sburg,	and an	the do	ate state	ed abave. ATE SIGNED
	BREMOVAL (Specify)		-57			emetery	-	ATION (City, town, psburg	Mar	ylan		•)
23	. FUNERAL BIRECTOR'S SIGNA	TORES	20.	MADDRESS	TIRE	2 Med 240. RE	C'D BY REGIS	STRAR 24b. REGI	STRAR'S	SIGNATU	IRE	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

THE THE WINDS TO STATE OF THE PARTY OF THE P

A Total That The

We make the first to the total or hy-matrice or so telescoped and to the particular strategy

BUREAU V. S.

750 1957 July 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

Day

Hours

INTERVAL SETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(State)

ON A FARM?

YES NO

Year

19 57

Min.

Access Total Missaus shows Line BUREAU V. E. OCL 83 1021 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. IS RESIDENCE

Hours

ON A FARM? YES NO D

Year

PERFORMED?

(Stote)

DATE SIGNED

(State)

195

Min.

havrs ofter death. within requires that the CERTIFICATE OF DEATH

COAPTON.

BOKEYA KE

7501 TS 1957



CERTIFICATE OF DEATH

Land Local

ASVES 0

SCAR A

Process of

MECENAEL

BUREAU V. S.

1561 2 LUC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

e. IS RESIDENCE

Hours

12. CITIZEN OF WHAT COUNTRY?

Day

USA

(County)

Months

ON A FARM?

YES NO

PERFORMED? YES NO

(State)

DATESIGNE

Year

1957

1961 TE 130)

VS A15 (4) 15M 9/55

M

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
11200	CERTIFICATE	OF DEATH	

CERTIFICATE OF DEATH

11237 Reg. Dist. No. 302

	. PLACE OF DEATH o. COUNTY Washin	gton		MAR	YLAND	2. USUAL RESIDENCE (WHO STATE Maryland		Was COUNTY		e before adm	nission)
	b. CITY OR TOWN (I	If outside corporate limited	ts, write	c. LENGTH OF STAY		c. CITY OR TOWN (If o	utside corpor	ote fimits, write R	URAL and g	ive nearest to	wn)
1	Hagers	town		7 Day	78	03 Hagers	town	-			
	d. NAME OF HOSPIT	TAL (If not in hospital, g				d. STREET ADDRESS		-		e. IS R	ESIDENCE A FARM?
	Wash.	county F	deoi:	ital		/ 1480 Jef	Tersc	n Blvd			□ NO 🎦
1	3. NAME OF DECEASED	Fir	st	Middle	•	Lost	4. DATE OF	Mon		Day	Yeor
	(Type or print)	NORMAN		FREDER	-	WHITMER	DEATH	Oct 1	1957		19
	5. SEX		7. MARR	HED NEVER MARR	IED 🔲	B. DATE OF BIRTH		9. AGE (In years last birthday) 59 yrs.	-	Dovs Hour	-
	Male	White	WIDOWI			August 22					
L	auring most of work	king life, even it refired			~	STRY 11. BIRTHPLACE (Stote	A444		n		AT COUNTRY?
1	Glass Bl	OWET	N	eon Sign	CO	Waynesbor		inklin	Uq	USA	
4	3. FATHER'S NAME					14. MOTHER'S MAIDEN N		COST T			
1	/ Fred J.				.,	13	Barne				
T	5. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give wor or doing of)		SOCIAL SECURITY NO		NFORMANT	a 11	Add	ress		
L	Yes	W.W.#	_ 2:	20-16-3541	Mr	s Elizabeth	April 1	hitmer		+	14.4
1		ATH [Enter only one co	use per li	ne for (o). (b), and (c)	.]	T400 Deller	son i	TAC	agore	INTERVAL ONSET AN	BETWEEN
1	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	420-	m 1	1 Q				24	1115
1	421,1	DUE TO		0 1.		/					
1	Conditions, if o			102 416		sten.	313	C		1 /2	021
1	gove rise to i			1						/	
1	lying couse lost.) (c		Olcum	122	estin					
	PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO BE	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(0) 19. WA	S AUTOPSY FORMED?
								Salah T		YES [
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRE	D. (Enter nature of injury in F	Port I or Port	fl of item 18.)	3		
	20c. TIME OF INJUR Hour o. m.	Y Month, Doy, Yes		NJURY OCCURRED	20e. PL	ACE OF INJURY (Home, form,	20f. (City	or town)	(C	ounty)	(Stote)
	Hour o.m.	19	While of wor	Not while	100	ctory, street, office bldg., etc.					
1	21 1 cortify th	at I attended the	deceas	ed from 22		19.57, to /	ach	19.57	2 45 -4 1 1	mad annu Ala	
	alive an	Och	10 (death	accurred at 10:24					
1	dive dil			Z, and ma	dedin			eet, city or town,			DATE SIGNED
1	ACTUAL SIGNATURE	- Odens	10	mar 10 on	1	115	111	11.10)		, 10	3/2/
		1 1/	0		,	m.u	Y-V	Massar.	-1-20-5-1	£	-11-1-
	PHYSICIAN'S NAME (Type)	ラ/ とかし	A F	+oach/o	2 /	n Ha	9.62	Luian		20	1
	220. BURIAL, CREMATIO		F	22c. NAME OF CEN	ETERY O	R CREMATORY	22d. LOCATI	ION (City, town, o	or county)	151	ote)
	Burial (Specify)		957	Rose Hi		,	7		ash.	Co Mo	
	3. FUNERAL DIRECTOR			ADDRESS			BY REGISTR		TRAR'S SIG		/
1	Andrew K.	Coffman	Hag	erstown	Md.	Ret	3195	2 /2/4	014	Ann	ero/

To be first and a set BUREAU V. 0C1 L 1021

VS A15 (4) 15M 9/55

MADVIAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	10
MARILAND	SIMIE DEL VELMENTI	OI HEALIN-DALIMORE,	10

11238 302

Dr. Ralph Young 11201CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	re deceased lived. If institution b. Cour	ITY	fore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagers town	c. LENGTH OF STAY IN 16	0	itside corporate limits, wri		
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 433 West Washin	oddress)	d. STREET ADDRESS	t Washingto	on St.	e. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print) EDNA R	MIN(lost GERD	OF DEATH OC	tober 2	Doy Yeor 15 1957
Female White WIDOWE	DIVORCED	8. DATE OF BIRTH Sept. 23,18	386 71	y) Months Days	
10o. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) HOUSEWIFE	wn Home	Duffield,			OF WHAT COUNTRY?
John Wolf		14. MOTHER'S MAIDEN NA	ce Saum		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT		Address em Ave	Hagersto
PART I. DEATH [Enter only one cause portly PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under. DUE TO	REBRIT 4	7-poplex		00	TERVAL BETWEEN NSET/AND DEATH
Iying cause lost (c) (c)	CONTRIBUTING TO DEATH BUT				19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. While	NJURY OCCURRED Not while k at work	ACE OF INJURY (Home, form, story, street, office bldg., etc.)	20f. (City or town)	(County	r) (State)
21. I certify that I attended the decease alive on		accurred at 2 7		s and an the de	saw the deceased ate stated abave. DATE SIGNED
220. BURIAL, CREMATION, PRINCE	22c. NAME OF CEMETERY OF Rest Haver	crematory Cemetery	22d. LOCATION (City, low Hagers to v		(Stole)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			COSTRAR'S SIGNATURAL SIGNATURE	JRE

HTAR OF DEATH CHARLES OF DEATH

BUREAU V. R. OCT 30 1957

in 24 hours ofter death. Page 4		ad in by the funeral director,	I and 2 should be filed with	(
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4	may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely did in by the funeral director,	should be detached for use as the burial-transit permit. Then please remove carbon papers. Per It and 2 should be filled with	the egistrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.
101	E	10 5	ď	14

-							
3	o. COUNTY		MARYLA	O STATE	Where deceased lived. If in b. COL		e before admission)
1-		shington		Mary.			ington
	RURAL and giv	N (If outside corporate limits, we nearest town)	rite c. LENGTH OF STAY IN	e. CITY OR TOWN (I	f outside corporate limits, w	rite RURAL and gi	ive nearest town)
	Hagersto		1 hour		gerstown		
	OR INSTITUTIO	SPITAL (If not in hospital, give		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
-		ington County	Hospival	20 E.	Washington St	reet	YES NO M
3	NAME OF DECEASED (Type or print)	MARY First	IXDTA	WOCDYATT	4. DATE OF DEATH OCTO	Month	26 1957
19	s. SEX		MARRIED NEVER MARRIED		9. AGE (In)	egrs IF UNDER	YEAR IF UNDER 24 HRS.
ı	Female		DOWED DIVORCED		- a last birthe		Days Hours Min.
ī	00. USUAL OCCUP	ATION (Give kind of work done working life, even if retired)	106. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (Sto	te or foreign country)	- 12. CITI	ZEN OF WHAT COUNTR
4	House			Nevago	, Michigan		U.S.A.
r	3. FATHER'S NAME			14. MOTHER'S MAIDEN			
1	Мат	cus Leith			Eliza Augerma	in	
	5. WAS DECEASED	EVER IN U. S. ARMED FORCES		17. INFORMANT		Address	
	(Yes, no or unknown)	Iff yes, give war or dates of service	none	Mrs. Blanche	Durkee Hage	rstown,	Md.
F		DEATH [Enter only one couse	per line far (o), (b), and (c).]				INTERVAL BETWEEN
	PART I.	DEATH WAS CAUSED BY:	Intestionel	obstruction			1 Week
П	175X	IMMEDIATE CAUSE (o)	THEST	ODBUTUCCION			T HOOF
	Conditions	form which \	Adenogenain	oma ovary wi	th ebdomine	1	8 months
	gove rise to	immediate (Buenocarem	metasta	sis.	X.L	(history
	lying couse to	ing the huger-					(1125001)
	PART II.	OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE TER	MINAL DISEASE CONDITION	GIVEN IN PART	
	3						YES NO
	200. ACCIDENT OR CONTRIBUT (IF EITHER, NOT	WAS UNDERLYING 206 ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (Enter noture of injury i	in Port I or Part II of item 18	(.)	
13	20c. TIME OF IN	JURY Month, Day, Year	20d. INJURY OCCURRED 2	e. PLACE OF INJURY (Home, fo	orm, 20f. (City or town)	IC	ounty) (State)
1	20c. TIME OF IN Hour a.	10	While Not while at work	foctory, street, office bldg., i	etc.)		
	21. I certify	that I attended the de	ceased from Harch	_5, 19_57, to	Oct. 26 19	57, that I le	ast saw the decease
				eath occurred at 10:			
	Description of	Min	18.	DST	ADDRESS (Street, city or	own, stole)	DATE SIGN
,	SIGNATURE	/ Dela	mon, but	M.D. 100 Pro	fessional A	rts Bl	dg. 10-2
	PHYSICIAN'S						
	NAME (Type)_	William T. 1	Layman, M.D.	Hagerst	own, Maryla	ınd	
12	20. BURIAL, CREMA		22c. NAME OF CEMETI	RY OR CREMATORY	22d. LOCATION (City, to	own, ar county)	(State)
	Burial	10/29/19		Cemetery	Hagerstown	Ma	aryland
2	BULEA - PER	orsportuneral Ho	ome Haganatar	M.3 240. RE	G'D BY REGISTRAR 24b	REGISTRAR'S SIG	NATURE
	Richart	lui Ponger	ome Hagerstown	1, 100 Oct	131.19516	Hasti	JORUSS
-	-						

905 at 40 pm	HTASE TO ST	ACERTIFICA	
ne truck rail since y	Service of the servic		attack to but I
	nicoperation of the many free street	and the state of the	
	Marian I 35	Internal	valencia necessaria
The St Spine	TINE A NOT THE PERSON NAMED IN COLUMN	to/ armi	
	Companyor services	Transmit Com	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	nicola consum		o respective
imans,	MA rail		dela may
and the same	passin atanati .m		
denough Taris	and all backers		Control of the Contro
BUREAU V. S.			
		P. Living on Sand	
ZS61 5 AUI.	and the text of the		S. 10
BEGEIVE	ed , am yares m		
			1 上,这个社会